DOCUMENT RESUME

ED 179 321 PS 011 077

AUTHOR	Sundel, Martin; And Others
TITLE	State Child Welfare Program Self-Assessment Manual.
INSTITUTION	Urban Inst., Washington, D.C.
SPONS AGENCY	Children's Bureau (DHEW), Washington, D.C.
REPORT NO	DHEW-OHDS-79-30234
PUB DATE	Jul 79
CONTRACT	HEW-105-75-1113
NOTE	529p.; For related documents, see PS 001 000-001 ; Some pages may not reproduce clearly due to dark background
EDRS PRICE	MF02/PC22 Plus Postage.
DESCRIPTORS	*Adoption; *Check Lists; *Child Welfare; Counseling; Day Care Programs; Family Planning; Foster Family; Home Visits; Manuals; *Outreach Programs; *Program Administration; *Program Evaluation; Residential Care; *Resource Materials; *Social Services
IDENTIFIERS	Preventive Services; Protective Services

ABSTRACT

This manual provides a systematic method for administrators and child welfare specialists to assess a child welfare service delivery system. The management of child welfare programs is considered within the framework of five management functions: planning, resource development, implementation, monitoring and evaluation. The manual contains seven major sections. The first section provides an introduction to the manual, its conceptual framework, contexts and use. The second section addresses the five management functions. The next five sections cover five child welfare programs: Preventive Services, Protective Services, Foster Family Care, Residential/Group Care, and Adoption Services. The management section and the five program sections contain two parts. The first part is a checklist consisting of a series of goal statements, each one addressing an issue related to the management functions. Criterion questions requiring responses accompany each goal statement to provide objective criteria relevant to goal achievement. The second part of each section consists of resource materials that address the issues covered in the goals and criterion questions. The resource sections (1) discuss the approaches, findings and conclusions of selected authors, (2) give examples of preferred practices, and (3) provide recommended follow-up references. (Au/RH)

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STATE CHILD WELFARE PROGRAM

SELF-ASSESSMENT MANUAL

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July 1979

Department of Health, Education, and Welfare
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Administration for Children, Youth and
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Children's Bureau

This publication was developed under DHEW, the Children's Bureau, Contract No. HEW-105-75-1113

DHEW Publication No. (OHDS) 79-30234

Issued October 1979

PS 011077

FOREWORD

The Children's Bureau is responsible for administering Title IV-B, the Child Welfare Services Program of the Social Security Act. In carrying out this mandate, the Children's Bureau has engaged in joint planning, training, the development of a national reporting system, the creation of regional resource centers, and support of research and demonstration projects.

This *State Child Welfare Program Self-Assessment Manual* is an integral part of our over all efforts to assist in improving services to children and their families. The Manual is designed for use by administrators and specialists who are responsible for child welfare programs within states. The Manual provides a set of goals and criteria by which personnel within state agencies may assess their own administrative performance in relation to planning, resource development, implementation, monitoring and evaluation.

The *State Child Welfare Program Self-Assessment Manual* complements the *Local Child Welfare Services Self-Assessment Manual* which was primarily designed for local administrators and supervisors to assess service delivery at the local level.

We wish to express appreciation to the Urban Institute which developed the Manual under contract with the Children's Bureau and to all those who helped in the development of material which we expect will prove useful to the state agencies responsible for providing services to children and their families.

Frank Ferro

Frank Ferro
Associate Chief
Children's Bureau

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The State Child Welfare Program Self-Assessment Manual was developed by The Urban Institute under the auspices of the Children's Bureau (ACYF, DHEW). Frank Ferro, Charles Gershenson, and Doreen Bierbrier of the Children's Bureau contributed their expertise, support and guidance to the project.

Jeffrey Koshel, Program Director of the Social Services Research Program of The Urban Institue, provided significant guidance and insights during the conceptualization and development of the Manual. Gene Durman provided valuable assistance in designing the scoring procedures of the Manual. We appreciate the efforts of our project secretary, Connie Barnes, who was responsible for the typing of the Manual.

Members of the project's advisory committee reviewed the Manual and provided constructive feedback and recommendations. We are grateful for their thoughtful comments and encouragement.

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We would like to express our appreciation to the seven state agencies that participated in the pre-test and development of the Manual. The following are the individuals who made it possible to obtain input and comment from their staffs on the self-assessment materials.

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Our sincere appreciation is also extended to the eight states in which the Manual was field tested. The following individuals coordinated the field tests in their respective states, and they, along with their staffs, provided substantive and helpful feedback regarding the structure, content, and usefulness of the Manual.

Mr. David Brock
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STATE CHILD WELFARE PROGRAM SELF-ASSESSMENT MANUAL

I. INTRODUCTION

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
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I. INTRODUCTION

The State Child Welfare Program Self-Assessment Manual was developed by The Urban Institute under contract with the Children's Bureau, Administration for Children, Youth, and Families, DHEW. The Manual is designed for voluntary use by state and county child welfare program administrators (e.g., the director of a division or department of family and children's services), child welfare program specialists (e.g., adoption and foster care specialists), and administrative and management specialists (e.g., monitoring and evaluation staff). An attempt has been made to provide state and county administrators with a convenient and efficient framework for assessing child welfare services.

The State Program Manual addresses major issues in child welfare programs within the context of key management functions. The Local Child Welfare Services Self-Assessment Manual, also developed by The Urban Institute under the auspices of the Children's Bureau, addresses direct service delivery activities relevant to local agencies or local offices.

Child welfare services in the United States are provided by either state supervised or state administered systems. Although the provision of direct services has traditionally been the responsibility of local agencies or local offices, state social service agencies are responsible for the management of child welfare programs. The management functions include: state- or county-wide planning for child welfare services, formulation of policy and guidelines, coordination of child welfare services with other service programs, administration or supervision of child welfare programs, and monitoring and evaluation.

Child welfare services are defined as social services provided to children and their families that support, supplement or substitute for parental care and supervision. Although state agency child welfare personnel seldom deliver direct services, they are responsible for the management of child welfare programs throughout the state. In this Manual, a child welfare program is defined as a specific grouping of services that addresses the concerns and responsibilities of administrators, program specialists, and child advocates. The primary purpose of child welfare programs is to ensure an acceptable level of functioning for children in relation to their needs, characteristics, and circumstances. The major child welfare programs covered in this Manual include: preventive services, protective services, foster family care, residential/group care, and adoption services. These five programs include the same services addressed in the Local Manual.

Self-Assessment Concept

An attempt has been made to provide a systematic and practical method for voluntary self-assessment of the child welfare service delivery system. Based on concepts and recommendations derived from the literature and exemplary programs, as well as critical reviews by experienced state and county child welfare administrators, this Manual presents a set of objective criteria relating major administrative functions to child welfare progams. Accompanying resource materials provide examples of concepts, procedures, and approaches that have been considered useful to social service administrators, practitioners, and researchers.

This Manual is designed for voluntary use by administrators to help identify program strengths and deficiencies, and to encourage constructive change and improvement in the management of child welfare programs. Given the complex network of management issues, activities, and time constraints, child welfare administrators are seldom able to assess fully the adequacy of their guidance and support system responsibilities to local service units. Completion of the self-assessment process is structured to require a reasonable expenditure of time and effort and minimal, if any, outside technical assistance to state agencies.

Structure and Format

The State Program Manual focuses on the administrative tasks of personnel responsible for managing and directing child welfare programs throughout the state. Emphasis is placed on the mangement roles and functions of the state or county as the governmental unit responsible for the provision of services to children. The management of child welfare programs is considered within the framework of these five management functions:

(P) Planning
(R) Resource Development
(I) Implementation
(M) Monitoring
(E) Evaluation

The term PRIME is an acronym for organizing and referring to the five management functions. For each section of the Manual, the management functions will be covered in this sequence. As shown in Figure I on the following page, each of the five child welfare program areas is systematically addressed in relation to the PRIME functions. The Manual contains seven major sections. The first section (Section I) provides an introduction to the Manual, its conceptual framework, contents and use. The second section (Section II) addresses the five management functions. The next five sections (III-VII) cover five child welfare programs: Preventive Services, Protective Services, Foster Family Care, Residential/Group Care, and Adoption Services.

The management section (Section II) and the five program sections (Sections III-VII) contain two parts: the first part is a checklist consisting of a series of goal statements, each one addressing an issue related to the management functions. Criterion questions, requiring "YES/NO" responses, accompany each goal statement to provide objective criteria relevant to goal achievement. The second part of each section consists of resource materials that address the issues covered in the goals and criterion questions. The resource sections: 1) discuss the approaches, findings and conclusions of selected authors; 2) give "best practice" examples derived from pertinent literature and reports; and 3) provide additional recommended follow-up references.

How The Manual Was Developed

Drafts of goal statements and criterion questions for each of the six sections (Management, Preventive Services, Protective Services, Foster Family Care, Residential/Group Care and Adoption Services) were written by The Urban Institute. These self-assessment materials were pretested in

FIGURE 1

	Management Topic				
Program Area	Planning	Resource Development	Implementation	Monitoring	Evaluation
Preventive Services	*	*	*	*	*
Protective Services	*	*	*	*	*
Foster Family Care	*	*	*	*	*
Residential/Group Care	*	*	*	*	*
Adoption Services	*	*	*	*	*

* Goal statements, ratings of goal achievement, criterion questions, and resource materials are provided for each of the twenty-five cells.

seven states: Rhode Island, New Jersey, Georgia, Arizona, Texas, Oregon, and Minnesota. Meetings with state representatives were held to obtain feedback on the materials from administrative and program personnel. Their critical comments and suggestions were incorporated in revisions made for the field test edition of the State Program Manual.

The Field Test

After the self-assessment materials were pretested, revisions were made incorporating the comments and suggestions of the pretest sites. This revised Manual was completed in July 1978 and field-tested in eight states during the fall of 1978. The sample field test sites included both state administered and state supervised programs; the sites were selected to represent variations in size of population, geographic location, and DHEW regions. The eight states were: New York, New Hampshire, Michigan, Georgia, Utah, California, Oregon, and Texas.

The main purpose of the field test was to determine the relevance and usefulness of the self-assessment materials. The states were asked to complete the entire Manual and critically review the contents. Their comments and suggestions were incorporated in the final version of the Manual. The development and refinements of this Manual, therefore, involved substantial participation and contribution from state administrators and program specialists.

Who Should Use the Manual

The users of this Manual will be state or county administrators who have responsibility for child welfare programs. Administrators with direct line responsibility for program service delivery and personnel providing staff assistance (evaluators, planners, financial officers, etc.) are also intended users of this Manual. In addition, staff development and training program administrators will find the materials useful.

The director or chief executive of the Department of Human Resources or the Department of Public Welfare should appoint a coordinator to conduct the self-assessment. This coordinator should have substantive child welfare knowledge and expertise as well as administrative responsibilities for child welfare programs. The Management and Preventive Services Checklists (Section II and III) should be completed by the self-assessment coordinator. Primary responsibility for completing each of the four remaining service program checklists (Sections IV-VII), should be assigned to four different individuals with programmatic responsibilities in the respective areas.

It may be desirable for several individuals from the same program area or related areas to collaborate in completing each checklist. In some instances two or more individuals may complete each checklist independently and them compare and discuss responses. It may be helpful for an individual to complete the same checklist in consultation and discussion with other staff members. The communication and information exchange required to conduct the self-assessment in staff or committee meetings can increase awareness of problems, identify several alternative solutions, and clarify responsibility for implementing improvements.

Staff who are designated to complete the various sections of the Manual might have the following titles or areas of program responsibility.

Checklists	Titles
II. Management	Director, Deputy Director, or Supervisor of the Division or Department of Family and Children's Services or of the Social Services Bureau
III. Preventive Services	Director or Supervisor of Family and Children's Services, with assistance from individuals such as the following: Protective Services Program Specialist, Community Development Specialist, In-Home Services Specialist, Family Development Specialist, or Preventive Rehabilitative Services Specialist
IV. Protective Services	State Child Protective Services Specialist or Child Abuse and Neglect Specialist
V. Foster Family Care	Foster Family Care Specialist, Foster Care Specialist, or Permanent Planning Specialist
VI. Residential/Group Care	Residential/Group Care Specialist or Institutional Care Specialist
VII. Adoption Services	Adoption Specialist or Permanent Planning Specialist

Scoring Procedure

Scores for each program area and management function can be computed for each of the six checklists. In addition, an overall score can be computed for both programs and functions. The scores are used in constructing visual profiles of the State's goal performance across all child welfare programs and for the five management functions.

Instructions for completing the six checklists in Sections II-VII are provided at the beginning of each checklist. Instructions for completing the State Program Manual Summary charts are provided at the end of this Introduction (Section I). Definitions of key terms used throughout the Manual are given on pages I-13 and I-14.

Instructions for completing the checklists are as follows:

1. Read the goals and accompanying criterion questions.
2. Answer each criterion question by checking (✓) "YES" or "NO".

3. Some criterion questions request specific data. For these "If yes, ...? _____" questions, retrieve and enter the data.
4. Compute the Goal Achievement Score to obtain the state's score for the first function (Planning).
5. Repeat steps 1-4 for each of the remaining four management functions (Resource Development, Implementation, Monitoring and Evaluation) covered in the checklist.
6. Instructions are given at the end of each checklist for obtaining the summary score and completing the visual profile depicting the scores according to the five management functions.
7. Repeat steps 1-6 for each of the five remaining checklists.

After the six checklists have been completed, they should be returned to the self-assessment coordinator, who will complete the State Program Manual Summary charts. A strategy should be established for discussing the results of the self-assessment with relevant program staff and for developing an action plan to direct program improvement efforts. The resource sections of the Manual include examples of program concepts and approaches used by individual states. These materials can be used in considering alternatives for implementing program improvements.

STATE PROGRAM MANUAL SUMMARY: CHILD WELFARE SERVICES

This section provides methods for summarizing your state's performance in child welfare services as measured by the self-assessment materials both in terms of programs (e.g., Protective Services, Adoption Services) and administrative functions (e.g., Planning, Evaluation). This summary, based on the detailed assessments made for each individual program, should be filled out after the scoring of the individual programs is completed and submitted to the coordinator.

The suggested procedure has two parts. The first part involves filling out the chart on the following page with information from the goal achievement program summary for each program. The simple arithmetic indicated will give you summary scores for each administrative function, and for each program.

The second part of the procedure consists of plotting visual profiles of your state's performance in terms of both programs and functions. These profiles should indicate at a glance which program areas or administrative functions are doing well relative to others in your state and which are doing less well.

Fill in the Chart on the following page using information contained in the goal achievement program summaries. These summaries are found on the following pages of the State Program Manual.

Program	Page Number of Goal Achievement Summary
Management	II-47
Preventive Services	III-45
Protective Services	IV-41
Foster Family Care	V-43
Residential/Group Care	VI-41
Adoption Services	VII-47

SUMMARY CHART: CHILDREN'S SERVICES GOAL ATTAINMENT BY PROGRAM AREA AND ADMINISTRATIVE FUNCTION

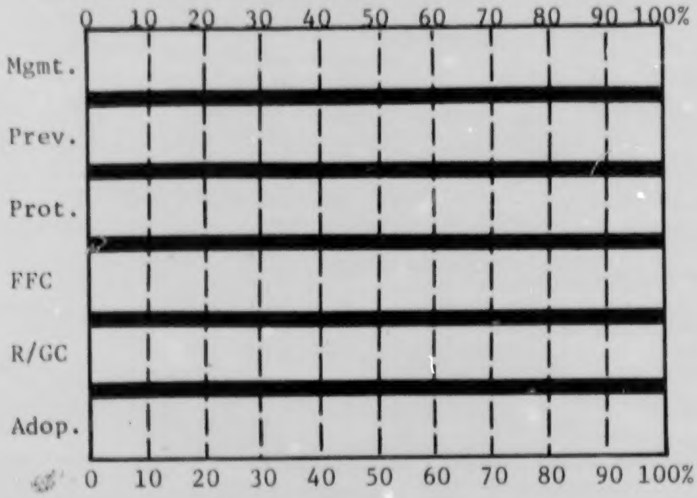
	P*	R*	I*	M*	E*	Total	Over-all Program Score $\left\{\frac{\text{Total}}{5}\right\}$
II. Management							
III. Preventive							
IV. Protective							
V. Foster Family Care							
VI. Residential/ Group Care							
VII. Adoption							
TOTAL							
Over-all Administrative Function Score $\left\{\frac{\text{Total}}{6}\right\}$							

*NOTE:

P = Planning
R = Resource Development
I = Implementation
M = Monitoring
E = Evaluation

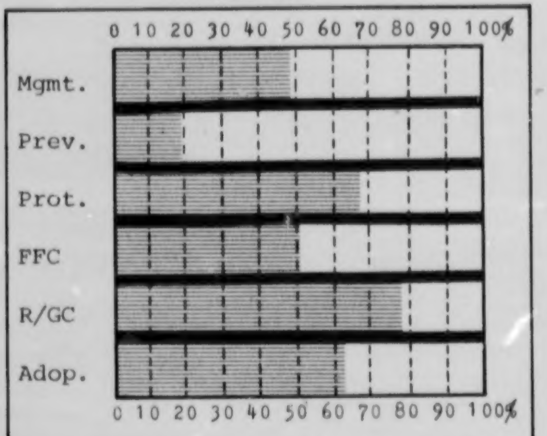
The visual profile will give you a summary of the performance of the Child Welfare Programs in your state as measured by the self-assessment materials. Fill in the profile using the scores for Programs in the Summary Chart on the previous page (I-12). Scores for Programs are found in the right-hand column of that chart. Draw a vertical line at the point in the column that corresponds to your score for each of the six (6) program areas. Fill in the spaces with pen or pencil, as in a bar chart. The shaded area depicts the percentage of program achievement. The unshaded area shows the remaining percentage to be achieved to obtain a perfect score (100%). (A profile depicting hypothetical program scores is shown in the lower right-hand corner of this page.)

VISUAL PROFILE: CHILD WELFARE PROGRAMS



Mgmt. = Management
Prev. = Preventive Services
Prot. = Protective Services
FFC = Foster Family Care
R/GC = Residential/Group Care
Adop. = Adoption Services

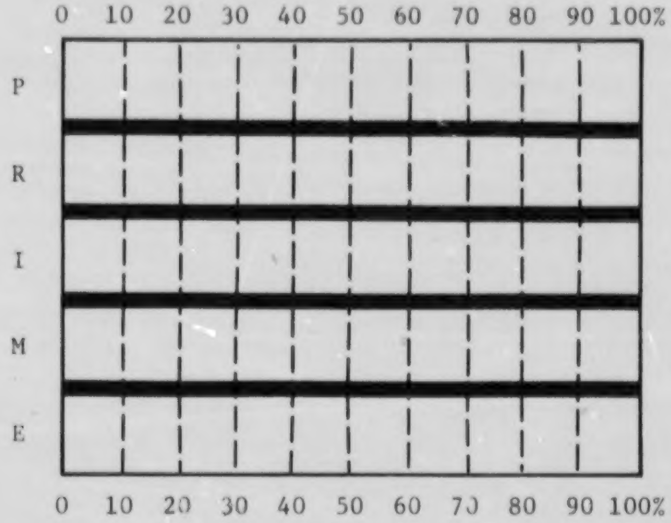
EXAMPLE



A hypothetical example of a profile as it would be completed, showing the percent of program achievement for each of the six programs.

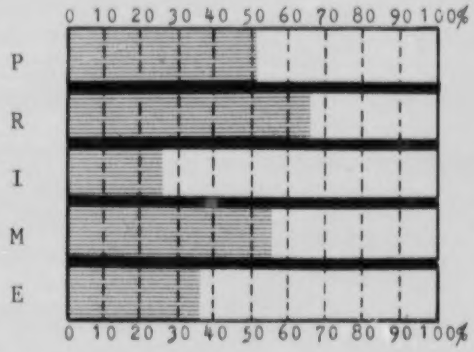
The visual profile will give you a summary of the performance of the Management Functions in your state as measured by the self-assessment materials. Fill in the profile using the scores for Functions in the Summary Chart on page I-10. Scores for Functions are found in the bottom row of that chart. Draw a vertical line at the point in the column that corresponds to your score for each of the five (5) management functions. Fill in the spaces with pen or pencil, as in a bar chart. The shaded area depicts the percentage of management achievement. The unshaded areas shows the remaining percentage to be achieved to obtain a perfect score (100%). (A profile depicting hypothetical management function scores is shown in the lower right-hand corner of this page.)

VISUAL PROFILE: MANAGEMENT FUNCTIONS



P = Planning
R = Resource Development
I = Implementation
M = Monitoring
E = Evaluation

EXAMPLE



A hypothetical example of a profile as it would be completed, showing the percent of function achievement for each of the five functions.

The following definitions are given to clarify the key terms used in this Manual.

Agency/Office - the public child welfare unit at the local level that provides direct services to clients.

Children - all persons under 18 years old, including those referred to as youth (adolescents).

Cost Analysis Study - a study that analyzes the costs of various program components and determines how costs are estimated. For example, a cost analysis of institutional care per child would require a determination of the costs involved in providing care according to some common unit of measure, such as "cost per child-day."

Cost Effectiveness Analysis - a variation of cost benefit analysis that attempts to determine the relationship (or ratio) between the effectiveness or achievement of a program and the cost (financial, as well as other resources) to produce the desired program outcome.

Financial Administration - the budgetary procedures child welfare administrators use to achieve program accountability. Included in these procedures are: establishing clear definitions of child welfare services, developing units of service, and determining unit costs (see Unit Cost).

Goal - a broad statement, indicating a desired service outcome toward which a service program might strive. For example, a statewide goal for the foster family care program is: The state agency ensures that permanent plans are established for all children in foster family care. Criterion questions accompany each of the goals in this Manual to provide measures of goal achievement.

Incidence - the rate at which new cases of a particular event occur during a specified time period.

Management Information System - an organized network of related data items designed to regularly obtain client and program information to aid decision-makers.

Needs Assessment - a study that attempts to identify the needs of individuals in a community. Needs assessment methodologies include community surveys, key informant studies, rates under treatment, community forums, and analyses of secondary sources. The findings of a needs assessment study are used in program planning.

Outcomes - the results or achievements of a particular program or service.

Prevalence - proportion of the population affected with a given problem or disorder at a given point in time.

State Agency - used in a generic sense to refer to the central division and/or department at the state or county level that is responsible for child welfare services.

Unit Cost - the dollar ($) input required to produce a service output.

Unit of Service - a defined measure of a service output. The unit may be defined in terms of time (e.g., one hour of homemaker service) or episode (e.g., one counseling session).

STATE CHILD WELFARE PROGRAM
SELF-ASSESSMENT MANUAL

II. MANAGEMENT

CHECKLIST

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

MANAGEMENT

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INTRODUCTION

The State Child Welfare Program Self-Assessment Manual contains seven major sections. The first section (I) provides an introduction to the Manual, its conceptual framework, contents and use. The second section (II) addresses five management functions: Planning, Resource Development, Implementation, Monitoring, and Evaluation (which we have termed the PRIME system). The next five sections (III - VII) cover five child welfare program areas: Preventive Services, Protective Services, Foster Family Care, Residential/Group Care, and Adoption. The child welfare programs are organized within the context of the five management functions (PRIME).

The first part of the management section (Section II) and of the five child welfare program sections (Sections III - VII) consists of a self-assessment checklist. Accompanying each checklist are resource sections that highlight relevant research findings and provide a bibliography.

Definition of Management

Management is defined as the organized arrangement of responsibilities, including staff and line functions, that are directed toward fulfilling the mission and goals of the state's child welfare programs. Ideally, management philosophy involves the creation and maintenance of an organizational and service delivery environment, where individuals and groups can work efficiently to attain program and service goals. This Manual systematically covers program management within the context of five major administrative functions: Planning (P), Resource Development (R), Implementation (I), Monitoring (M), and Evaluation (E).

Definitions of Management Functions

Planning is the process of developing future directions for programs and services based on analysis of past and present conditions. Topics included in this management function are the systematic assessment of need for services; the development of clear and measurable goals and objectives for child welfare programs, and the projection of resource requirements necessary for achieving program goals.

Resource Development includes those activities necessary to the development of personnel, facilities and funding to support the delivery of services as planned. Topics discussed include coordination of services, allocation of available resources through purchase of service and recruitment, financial administration, and public information activities.

Implementation refers to those activities through which the state agency provides management assistance to enable local social service agencies/offices to provide services. Topics included in this function are development and dissemination of standards, guidelines and licensing requirements, personnel administration, and staff development and training.

Monitoring refers to those activities by which the state administrator determines whether what is supposed to occur does in fact occur. Included in this function are collecting data, monitoring the provision of services, licensing activities, and using monitoring findings.

Evaluation refers to the methods, procedures, and processes used by the state agency to determine the effectiveness and efficiency of child welfare programs and services. Effectiveness is measured by determining the extent to which the program and service are meeting the objectives; efficiency is measured by the costs of achieving objectives relative to the resources expended. The purpose of evaluation is to provide objective information and analyses to help administrators and others improve their ability to make program management decisions. Topics covered in this section include organization of evaluation activities, conduct of evaluation, and utilization of evaluation findings.

Instructions for Completing the Checklist

This checklist includes a set of goals, criterion questions, and scoring materials. The validity of the self-assessment depends on frank and accurate responses. In answering the questions, draw upon your professional judgment, relevant agency data, records and reports. The term "you" in certain criterion questions is equivalent to state agency responsibility (e.g., "Do you provide supporting documentation of need in making budget requests?"). "State agency" is used in a generic sense to refer to the central division and/or department at the state or county level that is responsible for child welfare services.

The Management Checklist should be completed by the state or county child welfare program administrator or other individual who has responsibility for all child welfare programs. This may be the Director, Deputy Director, or Supervisor of the Division or Department of Family and Children's Services.

To obtain the self-assessment scores for this checklist, please follow the instructions below:

1. Read the goals and accompanying criterion questions.

2. Answer each criterion question by checking (✓) "YES" or "NO".

3. Some criterion questions request specific data. For these "If yes, ...? _____" questions, retrieve and enter the data.

4. Compute the Goal Achievement Score on page II-17 to obtain the state's score for the first function, (Planning).

5. Repeat steps 1-4 for each of the remaining four management functions (Resource Development, Implementation, Monitoring and Evaluation) covered in the checklist.

6. Instructions are given on page II-47 for obtaining the state's program management score and the visual profile depicting the scores for the five management functions.

7. Return the Goal Achievement Program Summary to your child welfare program administrator or other individual responsible for coordinating the self-assessment process.

MANAGEMENT GOALS

This section includes seventeen (17) goals related to the management of child welfare programs. Each goal covers one of five management functions: Planning, Resource Development, Implementation, Monitoring and Evaluation.

Planning (P) Goals

II-P-1 The state agency ensures that the need for child welfare services is assessed on a planned, periodic basis.

II-P-2 The state agency develops goals and objectives for child welfare programs.

II-P-3 The state agency develops a plan for child welfare programs that projects future resource requirements to meet established goals.

Resource Development (R) Goals

II-R-1 The state agency makes provisions to ensure the coordination of child welfare progams with other agencies and programs that serve children and their families.

II-R-2 The state agency assist local agencies/offices to acquire sufficient child welfare services and resources to meet the determined need.

II-R-3 The state agency informs the public of the needs of children and their families and the availability of services.

II-R-4 The state agency uses a system of financial administration that accounts for expenditures and program costs.

Implementation (I) Goals

II-I-1 The state agency develops and disseminates standards, guidelines and licensing requirements for child welfare programs.

II-I-2 The state agency provides staff development and training to local agencies/offices providing child welfare services.

II-I-3 The state agency establishes personnel policies and procedures for child welfare staff.

Monitoring (M) Goals

II-M-1 The state agency collects data necessary to carry out child welfare monitoring activities.

II-M-2 The state agency monitors the provision of child welfare services.

II-M-3 The state agency uses monitoring findings to help agencies correct deficiencies and improve child welfare programs.

II-M-4 The state agency monitors purchase of service contract administration and determines compliance with licensing requirements.

Evaluation (E) Goals

II-E-1 The state agency has organized a unit that is responsible for designing, conducting and reporting on evaluations of child welfare programs.

II-E-2 The state agency evaluates the effectiveness and efficiency of child welfare programs.

II-E-3 The state agency promotes the use of evaluation results.

II. MANAGEMENT

Planning - Needs Assessment

Goal II-P-1: The state agency ensures that the need for child welfare services is assessed on a planned, periodic basis.

Criterion Questions:

1. Is there a written procedure for conducting assessments of need for child welfare services?

   ___ YES ___ NO

2. Is there a unit or individual that conducts needs assessment studies for child welfare services?

   ___ YES ___ NO

3. Do you use more than one methodology in conducting needs assessment studies (e.g., citizen survey, key informant, client services data, secondary sources)?

   ___ YES ___ NO

4. Do you conduct these studies on a planned, periodic basis?

   ___ YES ___ NO

   If yes, how often? _______________

5. Have you defined the information needed in order to plan for child welfare services?

   ___ YES ___ NO

6. Does this information enable you to compare numbers of clients receiving child welfare services among counties and/or regions within your state?

   ___ YES ___ NO

7. Does your needs assessment process include a method for obtaining input from relevant community groups (e.g., consumers of service, local service providers and child advocacy groups)?

   ___ YES ___ NO

8. When possible, do you coordinate your needs assessment studies with those conducted by other state agencies or organizations?

   ___ YES ___ NO

Criterion Questions: (cont'd)

9. Do you analyze the needs assessment data you collect to:

   a. Identify the unmet need for child welfare services? ___ YES ___ NO

   b. Determine the potential of existing resources to meet the need for services? ___ YES ___ NO

II. MANAGEMENT

Planning - Goal Setting

Goal II-P-2: The state agency develops goals and objectives for child welfare programs.

Criterion Questions:

1. Do you have a formal procedure for setting statewide goals and objectives for child welfare programs? ___ YES ___ NO

   If yes, how often is this done? ____________

2. Have you established child welfare program goals and objectives? ___ YES ___ NO

3. Are state child welfare specialists involved in setting goals and objectives? ___ YES ___ NO

4. Do you regularly obtain input from line child welfare staff in formulating program goals and objectives? ___ YES ___ NO

5. Are all child welfare goals and objectives consistent with:

   a. Federal Standards on Prevention and Treatment of Abuse and Neglect? ___ YES ___ NO

   b. Child Welfare League of America standards? ___ YES ___ NO

   c. Accepted professional practice? ___ YES ___ NO

6. Do you use needs assessment findings in developing goals and objectives? ___ YES ___ NO

7. Do goal statements include a time schedule for goal achievement? ___ YES ___ NO

8. Are goals realistic and achievable as stated? ___ YES ___ NO

9. Do you use indicators to determine the extent to which goals have been achieved? ___ YES ___ NO

Criterion Questions: (cont'd)

10. Do you have a formal method for prioritizing child welfare goals? ____ YES ____ NO

11. Do you review goals and objectives on a periodic basis to determine whether they are still applicable? ____ YES ____ NO

II. MANAGEMENT

Planning - Projecting Resource Needs

Goal II-P-3: The state agency develops a plan for child welfare programs that projects future resource requirements to meet established goals.

Criterion Questions:

1. Do you have a plan that projects child welfare resource requirements (e.g., personnel, facilities and equipment, funding) on an annual or biennial basis?
   ____ YES ____ NO

2. Do you use needs assessment data in projecting future resource requirements?
   ____ YES ____ NO

3. Does your plan include resource projections to meet the service needs of the following groups:

   a. Urban populations?
      ____ YES ____ NO

   b. Rural populations?
      ____ YES ____ NO

   c. Minority families (Blacks, Native Americans, Hispanics, Asians)?
      ____ YES ____ NO

   d. Migrant families?
      ____ YES ____ NO

   e. Military families?
      ____ YES ____ NO

   f. Handicapped children and their families (e.g., mentally retarded, physically handicapped, emotionally disturbed)?
      ____ YES ____ NO

   g. Other groups of children and their families (e.g., status offenders and runaways, pregnant teenagers, single parents, adjudicated delinquents)?
      ____ YES ____ NO

4. Have you analyzed the policy implications of your child welfare program plan in regard to:

   a. Availability of qualified personnel?
      ____ YES ____ NO

   b. Possible statutory constraints?
      ____ YES ____ NO

   c. Political constraints?
      ____ YES ____ NO

   d. Community values and norms?
      ____ YES ____ NO

   e. Financial constraints?
      ____ YES ____ NO

Criterion Questions: (cont'd)

5. If needs assessment data indicate that child welfare service needs are not fully met, does your plan include ways to correct the deficiency? ____ YES ____ NO

6. Do you use the findings of evaluation studies in developing your plan for child welfare programs? ____ YES ____ NO

Goal Achievement Score: Planning function of the MANAGEMENT of Child Welfare Programs

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
II-P-1		divided by 10 =	
II-P-2		divided by 13 =	
II-P-3		divided by 16 =	
		Total =	

Total multiplied by $\frac{100}{3}$ = $\boxed{\quad\quad \%}$

(Your state's Goal Achievement Score

on the Planning function of the

MANAGEMENT of Child Welfare Programs)

II. MANAGEMENT

Resource Development - Through Coordination of Services

Goal II-R-1: The state agency makes provisions to ensure the coordination of child welfare programs with other agencies and programs that serve children and their families.

Criterion Questions:

1. Do you have a person, unit or group responsible for coordination of child welfare services? ____ YES ____ NO

2. Do you arrange for exchange of information among agencies providing child welfare services and those providing other social services (Medicaid, food stamps, AFDC, etc.)? ____ YES ____ NO

3. Have you developed policies and procedures for sharing information, where legally possible, on individual clients and families among referring agencies? ____ YES ____ NO

4. Do you have an advisory committee that assists the state in coordinating the provision of child welfare services? ____ YES ____ NO

5. Does this committee include representatives from the following groups?

   a. Private or voluntary organizations? ____ YES ____ NO

   b. Volunteer groups? ____ YES ____ NO

   c. Professional associations? ____ YES ____ NO

   d. Citizen and consumer groups? ____ YES ____ NO

6. Do you have written agreements regarding service responsibilities with each state agency that serves children and their families (e.g., mental health, public health, juvenile justice, voluntary sector)? ____ YES ____ NO

7. Do you assist local public social services agencies to develop cooperative agreements with:

   a. Public health departments? ____ YES ____ NO

II. MANAGEMENT

Resource Development - Through Coordination of Services

Criterion Questions: (cont'd)

b. Community mental health centers? ____ YES ____ NO

c. Drug and alcohol clinics? ____ YES ____ NO

d. Volunteer groups and community service organizations? ____ YES ____ NO

e. Family service agencies? ____ YES ____ NO

f. Public assistance casework units? ____ YES ____ NO

g. Schools? ____ YES ____ NO

h. Hospitals and clinics? ____ YES ____ NO

i. Police departments and other law enforcement agencies? ____ YES ____ NO

8. Do inter-agency, cooperative agreements include provisions for:

a. Making inter-agency referrals? ____ YES ____ NO

b. Feedback to referring agency on whether clients make contact? ____ YES ____ NO

c. Annual review of agreements? ____ YES ____ NO

d. Joint funding of projects, where applicable? ____ YES ____ NO

e. Joint staff development, where appropriate? ____ YES ____ NO

9. Do you provide written guidelines to all local agencies/offices on the use of inter-agency agreements? ____ YES ____ NO

10. Do you determine whether guidelines are followed by local agencies/offices? ____ YES ____ NO

II. MANAGEMENT

Resource Development - Through Coordination of Services

Criterion Questions: (cont'd)

11. Do you maintain a statewide directory of available services and resources for children and their families? ____ YES ____ NO

    If yes, how often is the directory updated?

    ____

12. Do you disseminate this directory throughout the state? ____ YES ____ NO

13. Do you provide assistance to local agencies/offices in developing a local directory of services and resources? ____ YES ____ NO

14. Do you request regular feedback from local agencies/offices regarding the usefulness of these directories? ____ YES ____ NO

II. MANAGEMENT

Resource Development - Through Purchase and Recruitment

Goal II-R-2: The state agency assists local agencies/offices to acquire sufficient child welfare services and resources to meet the determined need.

Criterion Questions:

PURCHASE OF SERVICES

1. Is there one person or unit at the state office who is responsible for providing technical assistance to local agencies/offices regarding purchase of child welfare services? ___ YES ___ NO

2. Have you developed criteria for deciding which child welfare services will be provided directly and which services will be purchased? ___ YES ___ NO

3. In making a decision to purchase services, are the following variables considered:

   a. Reasonable cost? ___ YES ___ NO

   b. Demonstrated capability and experience? ___ YES ___ NO

   c. Sound financial management? ___ YES ___ NO

   d. Quality of service? ___ YES ___ NO

4. Do you use a competitive bidding process, if appropriate, for deciding from which providers services will be purchased? ___ YES ___ NO

5. Does your reimbursement procedure for purchased services include definitions of:

   a. Units of service? ___ YES ___ NO

   b. Unit costs for each service? ___ YES ___ NO

   c. Acceptable quality of services? ___ YES ___ NO

II. MANAGEMENT

Resource Development - Through Purchase and Recruitment

Criterion Questions: (cont'd)

RECRUITMENT

6. Do you assist local agencies/offices to develop sufficient service resources to meet identified need?
______ YES ______ NO

7. Do you recruit, or assist in the recruitment of, the following professional specialists to provide services to child welfare clients (on a fee basis, if necessary):

   a. Physicians (including psychiatrists)? ______ YES ______ NO
   b. Psychologists? ______ YES ______ NO
   c. Dentists? ______ YES ______ NO
   d. Attorneys? ______ YES ______ NO
   e. Educational specialists? ______ YES ______ NO
   f. Family therapists? ______ YES ______ NO

8. Do you provide local agencies/offices with promotional materials to assist them in recruiting needed resources?
______ YES ______ NO

9. Do you collaborate with child and family advocacy groups in your state?
______ YES ______ NO

10. Do you encourage local agencies/offices to use volunteers?
______ YES ______ NO

11. Do you assess the effectiveness of local agencies'/ offices' recruitment activities?
______ YES ______ NO

II. MANAGEMENT

Resource Development - Through Public Information

Goal II-R-3: The state agency informs the public of the needs of children and their families and the availability of services.

Criterion Questions:

1. Do you have an individual or unit responsible for informing the public regarding child welfare services? ___ YES ___ NO

2. Do you meet regularly with the following groups to inform them of the needs of children and their families and the services available:

   a. Legislators and legislative committees? ___ YES ___ NO

   b. Community groups? ___ YES ___ NO

   c. Child and family advocacy groups? ___ YES ___ NO

   d. Professional organizations interested in the welfare of children in your state? ___ YES ___ NO

3. Do you respond promptly to requests for information from the public (e.g., legislators and the media)? ___ YES ___ NO

4. Do you utilize the following methods to provide information to the public:

   a. Television and radio spots? ___ YES ___ NO

   b. Newspapers? ___ YES ___ NO

   c. Pamphlets and brochures? ___ YES ___ NO

   d. Films and slides? ___ YES ___ NO

   e. Billboards and posters? ___ YES ___ NO

   f. Presentations by child welfare staff? ___ YES ___ NO

Criterion Questions: (cont'd)

5. Do you specifically target your public information to the following:

   a. School personnel? ___ YES ___ NO

   b. Physicians? ___ YES ___ NO

   c. Hospitals and clinics? ___ YES ___ NO

   d. Law enforcement officers? ___ YES ___ NO

   e. Child care/day care personnel? ___ YES ___ NO

   f. Voluntary agency staff? ___ YES ___ NO

   g. Citizens and consumers? ___ YES ___ NO

II. MANAGEMENT

Resource Development - Through Financial Administration

Goal II-R-4: The state agency uses a system of financial administration that accounts for expenditures and program costs.

Criterion Questions:

1. Do you obtain accurate data regarding the following:

   a. The total annual (or biennial) state expenditure for all child welfare services? ____ YES ____ NO

   If yes, what is it? ____________

   b. Costs of child welfare programs statewide? ____ YES ____ NO

   c. Average costs of unit of service (e.g., adoptive home study)? ____ YES ____ NO

   d. Average costs (e.g., per client served, per client day, per direct service hour, etc.)? ____ YES ____ NO

   e. State expenditures for purchased services by program? ____ YES ____ NO

2. Do you know the costs of child welfare services for each county (or region) in the state? ____ YES ____ NO

3. If yes, do you analyze these costs to determine the reasons for variations among:

   a. Counties or regions? ____ YES ____ NO

   b. Programs? ____ YES ____ NO

4. Do you regularly share cost analyses with local agencies/offices? ____ YES ____ NO

5. Do you know the proportion of revenues from your funding sources (e.g., federal, state, local)? ____ YES ____ NO

   If yes, what are the amounts from:

   Federal sources? ____________
   State sources? ____________
   Local sources? ____________

II. MANAGEMENT

Resource Development - Through Financial Administration

Criterion Questions: (cont'd)

6. Do you consider the following sources of additional revenue for child welfare services:

   a. County funds? ____ YES ____ NO

   b. Special federal grants? ____ YES ____ NO

   c. Local revenue sharing? ____ YES ____ NO

   d. Inter-title transfer of funds? ____ YES ____ NO

7. Do you assist local agencies/offices in developing resources for joint funding of programs that could expand their service capability? ____ YES ____ NO

8. Do you provide technical assistance to local agencies/offices in obtaining federal grants to fund special projects? ____ YES ____ NO

9. Do program specialists have input into development of the state budget for child welfare services? ____ YES ____ NO

10. Do you submit your budget requests far enough in advance to assure adequate consideration of child welfare program needs? ____ YES ____ NO

11. Do you present the budget to the legislature in a format that separates child welfare services from other social services? ____ YES ____ NO

12. Do you present the budget in a format which enables the legislators to relate costs to child welfare programs and services? ____ YES ____ NO

13. Do you provide supporting documentation of need when making budget requests? ____ YES ____ NO

Goal Achievement Score: Resource Development function of the MANAGEMENT of Child Welfare Programs

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
II-R-1	________	divided by 29 =	________
II-R-2	________	divided by 21 =	________
II-R-3	________	divided by 19 =	________
II-R-4	________	divided by 21 =	________
		Total =	________

Total multiplied by $\frac{100}{4}$ = ☐ %

(Your state's Goal Achievement Score

on the Resource Development function of

the MANAGEMENT of Child Welfare Programs)

II. MANAGEMENT

Implementation - Standards

Goal II-I-1: The state agency develops and disseminates standards, guidelines and licensing requirements for child welfare programs.

Criterion Questions:

1. Do you have standards, guidelines and licensing requirements for child welfare programs?

   ____ YES ____ NO

2. Do you regularly review standards, guidelines and licensing requirements to ensure that they are consonant with the following:

   a. Federal and state legislation regarding these services?

      ____ YES ____ NO

   b. Community norms and values?

      ____ YES ____ NO

   c. Practice guidelines established by professional organizations?

      ____ YES ____ NO

3. Within the past year, have you requested input regarding the impact of standards and licensing requirements on service provision from:

   a. Public agencies?

      ____ YES ____ NO

   b. Private agencies?

      ____ YES ____ NO

   c. Citizens and consumers?

      ____ YES ____ NO

4. Where applicable, do standards reference the legislation on which they are based?

   ____ YES ____ NO

5. Do you advocate for or against state bills, based on your review of pending child welfare legislation?

   ____ YES ____ NO

II. MANAGEMENT

Implementation - Staff Development and Training

Goal II-I-2: The state agency provides staff development and training to local agencies/offices providing child welfare services.

Criterion Questions:

1. Do you have a method of identifying the staff development and training needs of local agencies/offices? ____ YES ____ NO

2. Is there a person or unit responsible for coordinating and providing staff development and training in areas of identified need? ____ YES ____ NO

3. Do you inform every local agency/office of the person at the state level who is responsible for providing information on staff development and training activities? ____ YES ____ NO

4. Do you use federal matching funds for the training of child welfare staff? ____ YES ____ NO

5. Do you provide specialized management training programs for child welfare staff? ____ YES ____ NO

6. Are staff development and training opportunities available for personnel in agencies from which you purchase care? ____ YES ____ NO

7. Do you assist colleges and universities in developing course work relevant to public child welfare programs? ____ YES ____ NO

8. Do you provide funds for:

   a. Staff to attend university workshops, seminars and courses? ____ YES ____ NO

   b. Educational leave for graduate training? ____ YES ____ NO

   c. Participation in professional conferences and meetings? ____ YES ____ NO

Criterion Questions: (cont'd)

9. Do you work with local staff:

   a. To set training priorities? ___ YES ___ NO

   b. To design in-service training progams? ___ YES ___ NO

   c. To disseminate new training materials for child welfare staff? ___ YES ___ NO

10. Do you provide training programs to sensitize staff to the varying cultural backgrounds of the clients and community served? ___ YES ___ NO

11. Do you require all child welfare staff to participate in at least one in-service training program each year? ___ YES ___ NO

12. Do you assess your staff development and training programs in the following ways:

   a. Number of training programs offered? ___ YES ___ NO

   b. Number of staff attending? ___ YES ___ NO

   c. Systematic feedback regarding satisfaction with the programs? ___ YES ___ NO

   d. Cost effectiveness of alternative training programs? ___ YES ___ NO

II. MANAGEMENT

Implementation - Personnel Administration

Goal II-I-3: The state agency establishes personnel policies and procedures for child welfare staff.

Criterion Questions:

1. Do you have minimum education and/or experience requirements for:

   a. Direct service workers in child welfare? ___ YES ___ NO

   b. Child welfare supervisors? ___ YES ___ NO

   c. Other child welfare administrators? ___ YES ___ NO

2. Do you have objective criteria to evaluate the performance of:

   a. Direct service workers? ___ YES ___ NO

   b. Supervisors? ___ YES ___ NO

   c. Other administrators? ___ YES ___ NO

3. Do you actively recruit minority child welfare services staff in proportion to their representation in your client population? ___ YES ___ NO

4. Do you allocate (or encourage allocation of) sufficient civil service positions and funds to meet the needs of local agencies/offices for:

   a. Direct service staff? ___ YES ___ NO

   b. Supervisory staff? ___ YES ___ NO

   c. Paraprofessional staff? ___ YES ___ NO

5. Do you allocate positions for staff coordinators of volunteer services in local agencies/offices? ___ YES ___ NO

Criterion Questions: (cont'd)

6. Do you provide every child welfare worker with:

   a. Position descriptions that clarify job responsibilities?

   ___ YES ___ NO

   b. Descriptions of agency goals, policies and personnel practices?

   ___ YES ___ NO

7. Have you determined what the turnover rate was for all child welfare services staff (administrative, supervisory, and direct service staff) for the past year?

   ___ YES ___ NO

   If yes, what were the rates for each group?

   Administrative ____%

   Supervisory ____%

   Direct service ____%

8. Do you ensure that child welfare services staff at the local level have opportunities to advance into more responsible positions?

   ___ YES ___ NO

9. Do you have objective criteria for promoting staff to supervisory positions?

   ___ YES ___ NO

10. Have you established grievance procedures for child welfare services staff?

    ___ YES ___ NO

11. Have you established a staff/supervisor ratio of no more than six to 1?

    ___ YES ___ NO

    If no, what is your staff/supervisory ratio?

    ____

12. Have you developed workload standards for child welfare services?

    ___ YES ___ NO

II. MANAGEMENT

Implementation - Personnel Administration

Criterion Questions: (cont'd)

13. Do you use workload standards to allocate and reallocate workers within the state or county?

    ____ YES ____ NO

14. Do you require local agencies to record the percent of time staff spend in direct service to clients?

    ____ YES ____ NO

15. Do you compensate staff required to be on call after hours?

    ____ YES ____ NO

16. Have you identified the characteristics of child welfare staff in your state or county, including the following:

    a. Racial characteristics?

    ____ YES ____ NO

    If yes, how many in the following groups?

    Black ______
    Hispanic ______
    Asian ______
    Native American ______
    Caucasian ______

    b. Educational level?

    ____ YES ____ NO

    If yes, how many in the following categories?

    a. No college ____
    b. BA ____
    c. BSW ____
    d. MSW ____
    e. D.S.W. and Ph.D. ____

17. Do you use this information to:

    a. Guide staff recruitment activities?

    ____ YES ____ NO

    b. Secure funds for staffing?

    ____ YES ____ NO

Goal Achievement Score: Implementation function of the MANAGEMENT of Child Welfare Programs

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
II-I-1	________	divided by 9 =	________
II-I-2	________	divided by 19 =	________
II-I-3	________	divided by 26 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = $\boxed{\quad\quad \%}$

(Your state's Goal Achievement Score

on the Implementation function of the

MANAGEMENT of Child Welfare Programs)

II. MANAGEMENT

Monitoring - Data Collection

Goal II-M-1: The state agency collects data necessary to carry out child welfare monitoring activities.

Criterion Questions:

1. Do you have resources to collect the data to meet your monitoring objectives, including:

   a. Management information system? ___ YES ___ NO

   b. Data processing capability? ___ YES ___ NO

   c. Clerical and support staff? ___ YES ___ NO

   d. Analytic staff? ___ YES ___ NO

   e. Staff to conduct site visits? ___ YES ___ NO

2. Is there one individual or unit that is responsible for collecting monitoring data on child welfare programs? ___ YES ___ NO

3. Are local staff involved in:

   a. Decisions regarding which data are to be collected? ___ YES ___ NO

   b. Decisions regarding frequency of reporting? ___ YES ___ NO

   c. Establishment of procedures for collecting data? ___ YES ___ NO

   d. Development of data reporting forms? ___ YES ___ NO

4. Do you use all data that are collected? ___ YES ___ NO

5. Do you consolidate reporting requirements to eliminate duplication? ___ YES ___ NO

II. MANAGEMENT

Monitoring - Data Collection

Criterion Questions: (cont'd)

6. Are reporting forms regularly reviewed to:

   a. Update data requirements? ____ YES ____ NO

   b. Delete obsolete items? ____ YES ____ NO

7. Do you always inform local staff of the reasons for changes in reporting requirements? ____ YES ____ NO

8. Do you make periodic site visits to:

   a. Review a sample of case records? ____ YES ____ NO

   b. Observe the accurancy of data collection procedures? ____ YES ____ NO

9. Do you give local agencies/offices summaries of relevant data they have reported? ____ YES ____ NO

   If yes, how often? ______________

10. Does your data collection system allow you to:

    a. Track sources and uses of funds; ____ YES ____ NO

    b. Relate program costs to goal achievement; ____ YES ____ NO

    c. Track client management through the service delivery system; and ____ YES ____ NO

    d. Track staff utilization patterns. ____ YES ____ NO

II. MANAGEMENT

Monitoring - Service Provision

Goal II-M-2: The state agency monitors the provision of child welfare services.

Criterion Questions:

1. Is there an individual or unit responsible for:
   - a. Conducting monitoring activities? ____ YES ____ NO
   - b. Analyzing the data on services provided? ____ YES ____ NO
2. Do you use objective measures to identify deficiencies in:
   - a. Program management? ____ YES ____ NO
   - b. Service delivery? ____ YES ____ NO
   - c. Facilities? ____ YES ____ NO
3. Do you periodically review a random sample of local agency case records? ____ YES ____ NO
4. Do your monitoring activities enable you to identify:
   - a. An unduplicated count of children receiving child welfare services at any given time? ____ YES ____ NO
   - b. The number of children receiving each type of service that you provide? ____ YES ____ NO
   - c. Average length of care by service? ____ YES ____ NO
   - d. Whether every child and family has a written case plan? ____ YES ____ NO
   - e. Whether case plans are reviewed every six months? ____ YES ____ NO
5. Do you provide assistance to local agencies in monitoring:
   - a. Purchase of service contracts? ____ YES ____ NO
   - b. Licensed facilities to ensure compliance? ____ ____

II. MANAGEMENT

Monitoring - Utilization of Findings

Goal II-M-3: The state agency uses monitoring findings to help agencies correct deficiencies and improve child welfare programs.

Criterion Questions:

1. Do you give local agencies/offices summaries of relevant data they have reported? ____ YES ____ NO

2. Do you inform local agencies/offices in writing of the positive and negative findings of your monitoring activities? ____ YES ____ NO

3. Do you determine the reasons for agency deficiencies? ____ YES ____ NO

4. Is there a formal procedure for agencies to follow in responding to a report of negative findings? ____ YES ____ NO

5. Do you offer recommendations to help agencies correct deficiencies and improve services? ____ YES ____ NO

6. Do you provide technical assistance and consultation to enable agencies to correct deficiencies and improve services? ____ YES ____ NO

II. MANAGEMENT

Monitoring - Purchase of Service and Licensing

Goal II-M-4: The state agency monitors purchase of service contract administration and determines compliance with licensing requirements.

Criterion Questions:

PURCHASE OF SERVICE

1. Is there one individual or unit responsible for monitoring purchase of service contracts?

____ YES ____ NO

2. Do contracts specify the requirements for accountability of both the purchaser and provider of services?

____ YES ____ NO

3. Do contract monitoring procedures include:

   a. Monthly progress reports by provider?

   ____ YES ____ NO

   b. Periodic on-site monitoring?

   ____ YES ____ NO

   c. Statement of corrective action to be taken in cases of non-compliance?

   ____ YES ____ NO

4. Does the state agency reserve the right to audit the accounts of facilities from which it purchases services?

____ YES ____ NO

LICENSING

5. Is there one individual or unit responsible for monitoring compliance with licensing requirements?

____ YES ____ NO

6. Do you have written procedures specifying the conditions under which licenses are:

   a. Granted?

   ____ YES ____ NO

   b. Denied?

   ____ YES ____ NO

   c. Revoked?

   ____ YES ____ NO

   d. Suspended?

   ____ YES ____ NO

II. MANAGEMENT

Monitoring - Purchase of Service and Licensing

Criterion Questions: (cont'd)

7. Do you give agencies that are out of compliance a specific time period to take corrective action? ____ YES ____ NO

8. Do you offer recommendations to help agencies/ facilities correct deficiencies? ____ YES ____ NO

9. Are there procedures for filing an appeal against denial or revocation of licenses? ____ YES ____ NO

Goal Achievement Score: Monitoring function of the MANAGEMENT of Child Welfare Programs

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
II-M-1	________	divided by 22 =	________
II-M-2	________	divided by 14 =	________
II-M-3	________	divided by 6 =	________
II-M-4	________	divided by 14 =	________
		Total =	________

Total multiplied by $\frac{100}{4}$ = ☐ %

(Your state's Goal Achievement Score

on the Monitoring function of the

MANAGEMENT of Child Welfare Programs)

II. MANAGEMENT

Evaluation - Organization of Activities

Goal II-E-1: The state agency has organized a unit that is responsible for designing, conducting and reporting on evaluations of child welfare programs.

Criterion Questions:

1. Is there a unit or individual that has full-time responsibility to evaluate child welfare programs?
   ___ YES ___ NO
2. Is the evaluation staff directly responsible to the Director of Social Services?
   ___ YES ___ NO
3. Do key evaluation staff have formal training in research methodology and statistics?
   ___ YES ___ NO
4. Do program evaluation efforts focus on determining outcomes and impact of child welfare programs?
   ___ YES ___ NO
5. Are written goals and priorities for evaluation established annually?
   ___ YES ___ NO
6. Is input requested from state and local program staff regarding the design and conduct of evaluation studies?
   ___ YES ___ NO
7. Are evaluation studies designed to meet the information needs of:
   a. Program administrators, (e.g., planners, budget analysts, and management staff)?
      ___ YES ___ NO
   b. State legislators?
      ___ YES ___ NO
   c. Federal funding sources?
      ___ YES ___ NO
   d. Citizens and consumers?
      ___ YES ___ NO

II. MANAGEMENT

Evaluation - Conduct of Evaluation Studies

Goal II-E-2: The state agency evaluates the effectiveness and efficiency of child welfare programs.

Criterion Questions:

1. Before formal program evaluations are initiated, are programs assessed to determine whether:

    a. Program goals and/or objectives are stated in measurable terms? ____ YES ____ NO

    b. A data collection system has been established? ____ YES ____ NO

    c. Descriptive program data are routinely collected? ____ YES ____ NO

    d. Outcome measures have been established? ____ YES ____ NO

2. Do evaluation staff recommend necessary changes if criteria for evaluating programs are inadequate? ____ YES ____ NO

3. Are evaluation studies conducted to:

    a. Determine whether child welfare programs are achieving their stated goals and objectives? ____ YES ____ NO

    b. Compare the outcomes (i.e. extent of goal achievement) of child welfare programs in different parts of the state or region? ____ YES ____ NO

4. Have units of service been defined for child welfare? ____ YES ____ NO

5. Are there procedures for computing costs of units of service? ____ YES ____ NO

II. MANAGEMENT

Evaluation - Conduct of Evaluation Studies

Criterion Questions: (cont'd)

6. Are cost analysis studies conducted to:

   a. Determine the cost of achieving desired outcomes?

   ____ YES ____ NO

   b. Determine the cost effectiveness of alternative programs?

   ____ YES ____ NO

7. Is there a plan to evaluate every child welfare program?

   ____ YES ____ NO

8. Are new child welfare programs and demonstration projects designed to include an evaluation component?

   ____ YES ____ NO

9. Is technical assistance provided to local agencies/offices in designing and conducting child welfare research studies?

   ____ YES ____ NO

10. Does the state agency encourage local agencies/offices to conduct:

    a. Self-assessment activities?

    ____ YES ____ NO

    b. Surveys of client satisfaction with services?

    ____ YES ____ NO

II. MANAGEMENT

Evaluation - Utilization of Evaluation Results

Goal II-E-3: The state agency promotes the use of evaluation results.

Criterion Questions:

1. Are findings of evaluation studies presented to key individuals including:
   - a. Program staff? ____ YES ____ NO
   - b. Program administrators? ____ YES ____ NO
   - c. Legislators? ____ YES ____ NO
2. Are various methods used to disseminate evaluation results (e.g., memos, printed reports, briefings, direct contact)? ____ YES ____ NO
3. Are findings of evaluation studies made available to decision makers when program and budget decisions are being made? ____ YES ____ NO
4. Do evaluation reports include:
   - a. Recommendations for change? ____ YES ____ NO
   - b. Action steps necessary to implement the change? ____ YES ____ NO
5. Are program staff encouraged to respond in writing to evaluation reports regarding:
   - a. Their interpretation of evaluation findings? ____ YES ____ NO
   - b. Their recommendations for changes? ____ YES ____ NO
6. Is technical assistance provided to local agencies/offices to implement agreed upon changes? ____ YES ____ NO
7. Are the recommendations of evaluation studies incorporated in child welfare program plans? ____ YES ____ NO

Goal Achievement Score: Evaluation function of the MANAGEMENT of Child Welfare Programs

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
II-E-1	________	divided by 10 =	________
II-E-2	________	divided by 16 =	________
II-E-3	________	divided by 11 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = $\boxed{\quad\%}$

(Your state's Goal Achievement Score

on the Evaluation function of the

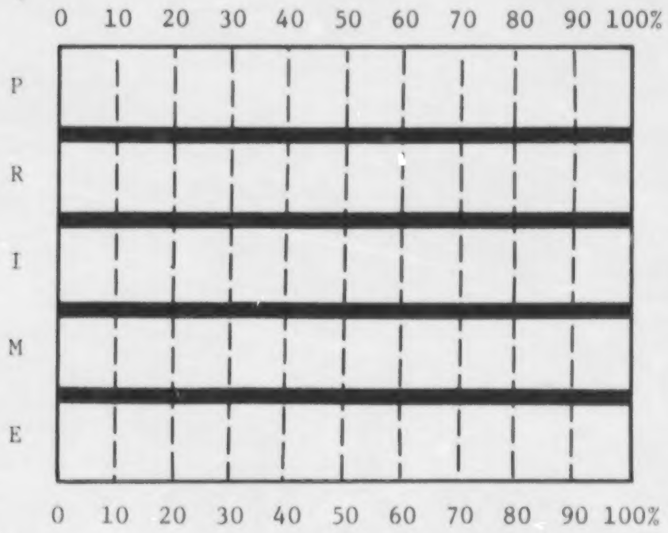
MANAGEMENT of Child Welfare Programs)

Goal Achievement Program Summary for the MANAGEMENT Program

The chart and profile below provide a summary of the MANAGEMENT Program in your state. Fill in the chart below, entering the scores from the goal achievement summaries you have already completed (see page references provided below). To complete the Visual Profile, draw a line at the point in the column that corresponds to the score for each of the five (5) management functions. For example, if your state's score for the Planning (P) function were 65, you would draw a vertical line halfway between 60 and 70 to the right of the P (Planning) function on the profile. Fill in the space up to that line with a pen or pencil, as in a bar chart. The shaded areas depict the percentage of achievement for each management function. The unshaded area shows the remaining percentage to be achieved to obtain a perfect score (100%).

Function	Page	Goal Achievement Score
(P) Planning	(II-17)	____
(R) Resource Development	(II-27)	____
(I) Implementation	(II-34)	____
(M) Monitoring	(II-41)	____
(E) Evaluation	(II-46)	____

VISUAL PROFILE: MANAGEMENT



STATE CHILD WELFARE PROGRAM
SELF-ASSESSMENT MANUAL

II. MANAGEMENT

RESOURCE SECTION

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

II. MANAGEMENT

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II. MANAGEMENT RESOURCE SECTION

INTRODUCTION

Administrators of statewide social service programs directed toward meeting the needs of children, youth and families must frequently cope with rapid changes in the social, political/legal, and economic environments. This challenge requires flexibility and innovation in administrators, as well as in the management concepts and techniques they employ. At the same time, child welfare administrators are held accountable to secure the highest quality of care possible for those they serve. Although the increasing pressure for accountability has been widely chronicled in social service and human service programs generally, it is often not clear to whom and for what child welfare administrators are, in fact, appropriately accountable. For example, state level administrators must be accountable to both their superordinates and lower levels of staff, to elected executives and state legislatures, to the public and the clients their agencies serve, to the courts, to the sources of funding and professional standard-seting agencies, to child welfare advocates, and ultimately to themselves. Public agency administrators are held accountable for efficient, effective, responsive and humane service by each of these, often in spite of substantial barriers to effective management. Examples of such obstacles include:

- lack of thorough knowledge or clear understanding of the existing system: how it actually works, what it does (and does not do) for people and what it really does (and does not do) to people.
- organizational inertia or individual apathy, evidenced by a tendency to defend and justify an existing system that may be dysfunctional but involves less work to sustain than improve.
- jurisdictional disputes, interagency rivalry, and debilitating internal conflict over issues of equitable resource allocation, systemwide performance, and "turf."

Management theorists propose differing approaches to management. Some emphasize administrative processes and specific functions or aspects of "leadership." Others are proponents of quantitative or calculative methods, often within the context of such frameworks as systems analysis. Increasingly, too, it is recognized that management, especially in the public sector, is an inexact science. The principles that have dominated administrative theory for the past eight decades are often of little use in dealing with a specific program, structuring a real-life situation, or determining an appropriate response to the chronic problems of too many demand on too few resources.

Suggesting that many public programs may "suffer from a surplus of procedures, organization charts, and management techniques",1/ Drucker offers

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1/ Peter F. Drucker, Management: Tasks, Responsibilities, Practices (New York: Harper & Row, 1974), p. 166.

administrators the following general guidelines to manage their programs for performance:

1. The service institution must examine its reason for existing and define its specific functions and missions.

2. Clear goals and objectives must be derived from the definition of functions and missions.

3. Because most service institutions will have multiple objectives, priorities must be established. This will enable the selection of targets, the setting of standards for performance in terms of minimum acceptable results, and the specification of deadlines and individual responsibilities for results.

4. Performance measures must be developed to measure the degree to which objectives are being met. These performance measures may be qualitative, quantitative or both.

5. Measurements of performance must be built into a feedback mechanism so managers can make adjustments suggested by the data.

6. Finally, there must be an organized periodic audit of stated objectives and of past performance in order to identify objectives and activities that are no longer desirable and reorder priorities. This process must include built-in mechanisms to facilitate change.1/

This section of the Manual discusses five management functions: Planning, Resource Development, Implementation, Monitoring and Evaluation (PRIME). These functions will be directly linked to the major purpose of this Manual, providing a framework within which to diagnose problems in the management of state child welfare programs and suggesting procedures to facilitate improvement. A service delivery system must be a dynamic, interrelated process if it is to remain responsive to the needs of clients. The PRIME framework, however, is designed to provide a systematic and convenient means of examining individual aspects of state agency management.

1/ Peter F. Drucker, Management: Tasks, Responsibilities, Practices (New York: Harper & Row, 1974), pp. 158-159 and 166.

PLANNING

Planning has traditionally been considered the primary management function upon which all others are founded. Koontz and O'Donnell define planning as "... an intellectual process, the conscious determination of courses of action, the basing of decisions on purpose, facts and considered estimates."1/ They emphasize that this process involves choice from among alternative courses of action. Planning is founded in values, and directed toward achieving goals. It is oriented toward the future and dependent upon accurate assessments of the past performance and present status. The overarching goal of the planning process, as stated by Drucker, should be to "prevent managers from uncritically extending present trends into the future... and above all, from dedicating their resources and energies to the defense of yesterday."2/

The planning process that is addressed in this Manual involves the systematic assessment of need for child welfare services. This process includes development of clear and measurable goals and objectives for state child welfare programs, forecasting trends and resource requirements, and projecting staffing and budget needs essential to the realization of service goals.

PLANNING: NEEDS ASSESSMENT

The conduct of periodic, systematic assessments of the need for child welfare services is increasing in importance as states have to justify budget requests in relation to need for service. To base an assessment of current need, or a projection of future need, on the present demand for services is usually not sufficient. Such practices may, for example, simply "confirm" the need for existing services and ignore alternative services or potentially more severe problems which are not being addressed by current programs. Similarly, extrapolation from existing caseloads (or even waiting lists) may ignore families and children who have no contact with the child welfare system. Furthermore, state agency administrators increasingly find that informal or non-rigorous needs assessments lack widespread credibility in the resource allocation process.

State agency administrators can respond to this demand for rigor in a number of ways. A state may opt for a special staff or study commission to conduct a statewide assessment of the problems of children and families presently in need of services or at high risk of disruption. Alternatively, a state agency can contract with a university, consultant or use the services of a state or local planning unit.

A needs assessment attempts to provide factual information on which to base resource allocation decisions. Most processes involve a comparison of two sets of data: (1) a complete inventory of existing resources (service, staff and funds), and (2) an objective assessment of current needs of children and families for child welfare services. Simply stated, needs assessment involves the identification of areas where needs are not being recognized or where insufficient resources are available ("gaps"). Although less often the case,

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1/ Harold Koontz and Cyril O'Donnell, Principles of Management: An Analysis of Managerial Functions (New York: McGraw-Hill, 1972), p. 113.

2/ Drucker, Management: Tasks, Responsibilities, Practices p. 122.

needs assessment should also include identification of areas of unused capacity or duplication of effort. Needs assessments involve two fundamental steps: (1) the application of a measuring tool or assortment of tools to a defined social area and (2) the application of judgment to assess the significance of the information gathered in order to determine priorities.1/

The need for priority-setting is usually heightened where there are not enough resources to provide all the services which might be desirable. Needs assessments are, therefore, important even where funding levels are not increasing. The state agency must decide, given some amount of available resources, which problems it can respond to and what services will be used in the response. Each possible response will have a certain level of effectiveness, and each will have a certain cost. The most effective response will not always be realistic. State child welfare administrators must look across all the problem situations with which public agencies must deal, their incidence and intensity, and buy as much "effectiveness" across all of them as is possible. This means that a minimum level of response or "effectiveness" must then be rationally distributed among programs.

A needs assessment must clearly distinguish between needs, wants and preferences and is therefore necessarily problem oriented. Reasons for the existence of problems and obstacles to their solution should also be part of problem identification. The State of Utah requires that the following information be included in needs assessment reports:

- Target population. Data should identify the specific target population in need of services.
- Target area. Data should show specific geographic area in which a given target population is in need.
- Magnitude. Data should allow quantification of the problem in terms of incidence or perceived incidence of the problem to allow prioritization of problems.
- Time. Data should be current and reference must be made to the timing of the problem-identification data.
- Authenticity. Source of the problem-identification data must be cited.
- Hypothesized cause. The probable or hypothesized cause of the problem must be stated.2/

There is no universally applicable needs-assessment model. Various strategies, methodologies, and combinations of techniques can be used to obtain the pertinent information on both existing resources and clients' needs. The methodologies include:

1/ Warheit et al., Planning for Change: Needs Assessment Approaches (Washington, D.C.: National Institute of Mental Health, n.d.) p. 3,4.

2/ Needs Assessment Training Package (Salt Lake City: Utah State Department of Social Service, 1975), pp. 8-11.

- Secondary Data Analysis of existing studies or sets of organized social data. While this method is often considered quick and economical, it has limitations. Data may be disaggregated, non-comparable and of only accidental utility.1/

- General Population Survey, which consists of interviews with, or questionnaires administered to, a selected sample of the population within a designated geographical area.

- Service Population Survey, which elicits data only from individuals who are, or have been, in the service system.

- Survey of Service Providers, which asks service providers to identify the problems or service needs of the population, and existing community or agency resources.

- Survey of Political and Community Leaders, which asks individuals who are not participants in the service delivery system to speak for, and to, their "constituencies." This is a particularly relevant method because of the political nature of planning and resource allocation.2/

- Review of Information Collected Primarily for Management Purposes, which can provide a profile of client characteristics, client problems, and services provided. This information can be used to document referral among agencies and to identify gaps in the service system.3/

State child welfare administrators should be familiar with the size and unique problems of the various sub-groups among the children, youth and families whom they are mandated to serve in their states. A major objective of comprehensive needs assessments is to identify the concerns and problems of previously excluded groups and to incorporate them into the decision-making process relating to resource allocations.

- Children in troubled families;

- Children in need of protection from abuse, neglect or exploitation;

1/ See: An Inventory and Analysis of State Data Sources for Children and Youth: Virginia (Richmond: Virginia Commission for Children and Youth, 1977), a data resources handbook designed to specifically address needs assessment, planning and coordination.

2/ Readers may be interested in the delphi technique for conducting surveys relevant to the planning process. See Andre L. Delbecq, Andrew H. Van de Ven, and David H. Gustafson, Group Techniques for Program Planning (Glenview, Illinois: Scott, Foresman and Company, 1975).

3/ More information on the nature of these techniques and their advantages and limitations may be found in the Needs Assessment Training Package of the Utah State Department of Social Services.

- Minors living independently;
- Teenagers who are pregnant or parents;
- Children in single parent homes;
- Children whose families receive AFDC;
- Children in low-income minority families (e.g., Black, Hispanic, Native American, Asian);
- Children of migrant parents;
- Children living on federal land (e.g., military and Indian reservations);
- Handicapped children (e.g., physical, emotional and/or mental handicaps);
- Status offenders (e.g., truants, runaways); and
- Adjudicated delinquents.

The problems involved in clearly identifying responsibility for providing services to these particular populations are substantial. There may, for example, be serious jurisdictional disputes over authority and responsibility to serve these varicus groups. State child welfare administrators must take the lead in resolving these conflicts to insure that all children in need of child welfare services are, in fact, being served.

As suggested by Millar, Benton and Feild, "the critical question in needs asessment is not whether or not it is undertaken, but to what extent it is actually used in the process of resource allocation."1/ Among the controllable reasons they cite as contributing to limited if any consideration of data when allocating resources may be lack of rigor, biased, incomplete or unsuitable data, and failure to integrate needs data with those from similar assessments. A critical element in the effective use of needs assessment data is the integration of decision-making processes. In their two year study of the implementation of Title XX, Millar, Benton, and Feild found that needs assessment data often were either not available or not analyzed at the time planning decisions were made.

State systems that use a variety of data bases to produce comprehensive usable needs assessment data are currently in operation in Florida and North Carolina. The focus of these systems is on making the data and planning models available for local as well as state agency use.2/

1/ Rhona Millar, Bill Benton, and Tracey Feild, "State Use of Needs Assessments in Social Services Priority Setting" Washington, D.C.: The Urban Institute, 1978.

2/ Ibid., p. 15.

The Florida Department of Health and Rehabilitation Services has a computerized resource allocation system called Systematic Needs Assessment Process (SNAP).1/ SNAP utilizes a model that allows planners to compare cost, benefit and distribution equity analyses under varying program mixes. The data bases used in the model include three types of needs surveys: community (general population), clients, and key informants (practicing professionals in the human service fields). In addition, the data bases incorporate social, economic, and health indicators as well as social services client caseload and related program data. SNAP has the capability to generate visual displays of needs and actual service patterns for both state and local geographic areas. Decision-makers find this feedback particularly useful.

In North Carolina, the State Department of Human Resources and the North Carolina State University Center for Urban Affairs have collaborated on a needs assessment project that contains three major elements: a planning methods workshop, county level human needs data, and agency service inventories.2/ The human needs data base is a tabulation of the results of a stratified random, multi-stage sampling of households designed to allow statistically valid projections for each county in the state. These data are available on a county and regional level according to household income, race, urban/rural residence and family type. Data are provided to local agencies along with planning support in the form of professional training in planning methods and uses of the data sources. Computerization of this model could greatly expand its usefulness as a resource allocation mechanism.

Further information on the theory and conduct of needs and resources assessments can be found in the following publications.

> Needs Assessment Instructional Kit. This set of booklets includes: instructions on conducting assessments of children's needs; tested procedures; questionnaires; data presentation methods. This publication can be obtained from:
>
> Massachusetts Committee for Children
> and Youth
> 14 Beacon Street, 706-H
> Boston, Massachusetts 02108
>
> Alternative Needs Assessment Techniques for Virginia. This is one of four separate documents developed to provide information related to services for children and youth within the State of Virginia. The others address: (1) data pertaining to children and youth, (2) relevant state legislation, and (3) innovative programs adaptable to children and youth. The pub-

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1/ Statewide Systematic Needs Assessment Process (SNAP) (Tallahassee, Florida: Florida Department of Health and Rehabilitative Services, 1976).

2/ See Emerson Snipes, The North Carolina Title XX Planning Workbook and Statewide Needs Assessment Instrument (Raleigh: North Carolina State University Center for Urban Affairs, 1977).

lication on needs assessment contains steps involved in both designing and implementing a needs assessment study. This publication can be obtained from:

Virginia Commission for Children and Youth
Ninth Street Office Building
Suite 901
Richmond, Virginia 23219

Needs Assessment, A Guide for Human Services Agencies. This guide is intended for administrators and managers of human services and includes: planning and evaluating the assessment; methods for collecting reliable and valid data; methods of disseminating results and maintaining on-going assessment; and a technical bibliography. This publication can be obtained from:

State of Minnesota
Human Resource Planning
Capitol Square Building, Room 101
550 Cedar Street
St. Paul, Minnesota 55101

Needs Assessment Training Package for the Utah State Department of Social Services. This material was developed by The Research Group, Inc., of Atlanta, Georgia and provides a plan for a two-day training session for local and private agency staff who will be involved in assessments of community needs. Covered are: alternative techniques; design and implementation of needs assessment instruments; time table; and uses of information. This publication can be obtained from:

National Technical Information Services
U.S. Department of Commerce
Springfield, Virginia 22161
Publication No. SHR-0000488

Human Services Bibliography Series: Approaches to Human Services Planning and Needs Assessment. These bibliographies are available from Project Share, a National Clearinghouse for Improving the Management of Human Services, which is operated by the U.S. Department of Health, Education and Welfare. The Bibliography Series is intended to acquaint users of the Clearinghouse with the contents of the Project Share collection with respect to selected subjects. Also published by Project Share are the Journal of Human Services Abstracts and executive summaries of publications in the collection. Publications can be obtained by contacting:

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PLANNING: GOAL SETTING

The process of needs assessment is necessarily value-laden. Without coherent policy and goal statements, data would be meaningless. There would be no means to compare the existing situation to that which is desirable. A policy statement is a general description of purpose or desired outcomes. Goal statements include the expectation that they be achieved by the end of a particular time period. Policy and goal statements are shaped by a state's laws, political environment, social philosophy and fiscal consideration. Most state child welfare programs will require relatively few broad policy or goal statements to state their purposes.

Although philosophical goals or policy statements are useful as a context within which priority-setting may take place, they are not sufficient for effective management of programs. Following an assessment of the needs of children and families, and existing resources to meet these needs, the data must be translated into specific program goals. Because it is not likely that a state will ever have the resources to meet all identified needs, they must be prioritized. The planning process, then, must include setting priorities among alternative uses of limited available resources. The following questions must be addressed when developing priorities:

1. What criteria will be used to evaluate alternatives?
2. How will the criteria be applied? Will they all be weighted the same?
3. Will problems be ranked in a continuum or can they be arranged in groups?
4. How will the priorities be turned into action?1/

The process of turning priorities into specific program goals cannot take place in a vacuum. Goals for state child welfare programs should be: developed through a consensus-seeking process; realistic; time specific; measurable; and subjected to periodic review.

Table I is an example of one priority ranking scheme that could be adapted to a state's particular needs. Problems are stated in terms of target groups. Seven criteria are stated in question form. Scores, ranked 1 through 5 where 1 is equal to low priority and 5 is equal to high priority, can be assigned to each target group in response to each criterion question. Total scores, divided by the number of criteria, suggest a priority ranking for each problematic target group in need of child welfare services. Group

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1/ New England Municipal Center, Community Planning for Human Services: An Introduction to Needs Assessment, Priority Setting and Planning (Durham, New Hampshire: New England Municipal Center, 1977).

Table I
An Example of a Typical Priority-Ranking Schema 1/

Criteria	What is the Magnitude Severity of Problem?	Can Problem be Prevented?	Can Persons be Rehabilitated?	Are Resources Available to Solve It?	Can Resources be Developed to Solve It?	How do Costs Relate to Outcomes?	What are Community Attitudes?	Total Score	Priority Ranking
Score	1-5	1-5	1-5	1-5	1-5	1-5	1-5		
Abused/Neglected Children	5	4	4	4	4	4	5	30	4.3*
Dysfunctional Families									
Pregnant Teenagers									
Teenage Parents									
Status Offenders									
Children in Temporary Placements									
Handicapped Children									
Children in Need of Permanent Homes									
Emotionally Disturbed Children and Youth									

1/ This chart was adapted from New England Municipal Center, Community Planning for Human Services, p. 32.

* This is a hypothetical rank computed to provide an example of how the Chart can be used.

planning methods may be useful in developing consensus within policy, planning or decision-making groups.[1] After priorities have been established, various levels of statements can be made to describe a state's response to these problems in relation to various client groups.

The state agency responsible for formal planning of child welfare programs must carefully weigh and evaluate the many environmental factors affecting public programs across the state. Particularly important are political and statutory issues, and community attitudes. Given the wide range of interests legitimately involved in child welfare services, procedures should provide for involving individuals from both within the organization and from the community, and for developing consensus regarding priorities and program goals and objectives. Ideally, individuals representing the following groups should have the opportunity to participate in the planning process:

- personnel responsible for implementing programs at the regional or local level;
- child welfare and family services division administrators;
- state legislators and committee members;
- individuals from other state agencies who will also be affected by the plans;
- providers from the private sector; and
- citizens, consumers and advocates.[2]

Arizona's Department of Economic Security provides an example of an innovative approach to encouraging internal and external participation in the planning process. The director's "Call for Policy Issues"[3] is the third phase in the Department's planning system program.

> The policy issue phase of the planning system will provide three months of lead time to identify, research, and analyze major items to provide a sound basis for developing goals and objectives. The intent is to resolve major policy issues... thereby allowing the six-month period... to concentrate on implementation planning and budget development.[4]

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[1] See Delbecq et al., Group Techniques for Program Planning.

[2] For more information on involving these groups, see Citizen Participation in Planning: Selected Interdisciplinary Bibliography Exchange Bibliography No. 718. (Monticello, Illinois: Council of Planning Librarians, 1975).

[3] "Director's Call for Policy Issues" (Phoenix, Arizona: Office of Planning, Arizona Deprtment of Economic Security, 1977).

[4] "Director's Call for Policy Issues," p. 1.

The Director's Call provides the opportunity for all organizational elements in the Department, advisory councils, governmental agencies, and the public to identify and define major policy issues. Major policy issues are considered to involve: reallocation of resources causing changes in program emphasis; elimination of programs; initiation of programs; dramatic increase or decrease in budget requests; changes in eligibility impacting large numbers of clients, etc. Policy issue position papers are solicited and requested to contain two major elements:

- The issue must be completely described through a detailed background explanation and a program statement with supporting data.

- The alternative courses of action must be thoroughly described and supported by statistical information to provide the rationale for selecting the recommended course of action.

Technical assistance in the preparation of policy issues papers is available from the Office of Planning, the Office of Management Analysis, and other DES staff offices and bureaus.1/

PLANNING: PROJECTING RESOURCE NEEDS

Forecasting future resource needs and predicting consequences of various courses of action are essential components of the planning process. Various methodologies can be used to predict need and future demand for services, and project necessary changes in staffing and service delivery patterns. Projections of future resource needs must take into consideration not only demographic trends, but also diverse policy options and external conditions, such as natural events and economic developments. The impact of short and long-range trends must be analyzed and stated in terms of the probability of their occurrence. Furthermore, because future events occur in stages, specificity requires that these developmental effects also be analyzed in precise terms. The growing complexity of social planning has led to increased use of simulation based on mathematical modeling or linear programming.2/

Various techniques have been developed as a direct result of advances in computer science which emphasizes a high degree of quantification. Specific techniques include: demographic projections to estimate future populations and their composition; input-output analysis; probability analysis:; extrapolation and historical trend analysis; group techniques such as Delphi and NGT; and simulation and scenario speculation.3/

1/ "Director's Call for Policy Issues" p. 7.

2/ An example of such a system is the North Carolina SNAP previously discussed.

3/ See, for example, Roland G. Meinert, "Futures/Forecasting" Social Work 18:6 (November 1973), pp. 48-51; Robert M. Moroney, "Social Planning: Tools for Planning," Encyclopedia of Social Work, Vol. II (Washington, D.C.: National Association of Social Workers, 1977), pp. 1448-1453; Harriet L. Warm, "Planning in a Public Child Welfare Agency: A Case Study," Child Welfare 57:2 (February 1978), pp. 93-100; and Delbecq et al., Group Techniques for Program Planning.

Extrapolation and historical trend analysis are the most frequently used techniques for making projections of future resource needs. This approach is often based on the assumptions that present trends will continue at the same rate and that current resource allocation formulas constitute a reasonable model for the future. The drawbacks of this incremental approach are becoming increasingly clear as social programs come under closer scrutiny and resources continue to dwindle. A combination of two or more methods should be considered. Because the planning process necessarily takes place in a highly political environment, group planning techniques can be effective. Plans and projections are more likely to be feasible in consideration of the varying concerns represented by the group. Group planning processes involve eliciting educated opinions from a selected group of individuals both from within and outside the organization. Development of an informed consensus among the group regarding the feasibility of plans, and the accuracy of the forecasts of future resource needs is required.

The tasks necessary to develop a comprehensive projection of need include all the elements of the total planning process. In summary, the major tasks in the planning process include:

- systematic analysis of existing resources;
- assessment of need, through a combination of methodologies;
- forecast of short and long-term need;
- forecast of short and long-term supply of resources;
- setting of goals and objectives within resource constraints; and
- development of alternative plans for action.

RESOURCE DEVELOPMENT

State agency plans, in the absence of requisite resources, may represent little more than statements of good intentions. The second component in the PRIME system is directly concerned with the resources necessary to implement plans, which include services, staff, funds and facilities. Resource development is defined in this Manual as those activities directed toward developing resources to support child welfare program goals and objectives. Included in this definition is coordination, purchase of service administration, public information activities, and financial administration.

The tasks that are related to this phase of the statewide child welfare service delivery process are many and diverse. Closely linked to the planning process, an inventory of existing resources is essential to effective resource development. Coordination and program linkages must be built into programs at all levels of service delivery. Informed decisions must be made regarding which services will be delivered directly and which will be purchased. Mechanisms to ensure efficient and effective purchase-of-service administration at the state and local level must be developed. Public information activities are also an essential element of the process of developing resources to meet priority needs.

RESOURCE DEVELOPMENT: COORDINATION

Coordination can be defined not only by the context within which it is used, but also by the purpose to which it is directed. When applied to child welfare programs as a means to improve resource development and allocation, coordination occurs at several levels. The broadest level involves systems or institutions working together to improve accessibility of services and avoid fragmentation and gaps. There have been many efforts at the state level to develop responsive systems. Human resource agencies, offices of child development and/or child advocacy, coordinating committees and councils, and separate free-standing children's services agencies have been formed in various states to improve coordination of services to children and families. Often these efforts have resulted in flurries of activity at the top and business-as-usual at the bottom.

Coordination mechanisms, such as inter-agency councils and cooperative agreements, should be developed and strengthened. This can often best be achieved when state child welfare administrators take an advocacy stance and enlist the support of other individuals and groups actively interested in the well-being of children. Agreements should be established in writing and periodically reviewed regarding their efficiency and effectiveness. It must be pointed out that coordination efforts, all too frequently, are "architectural." That is, formal agreements do not, per se, result in coordination. Their provisions must be vital and meaningful.

Ideally, information should emerge from a coordinated needs and resource assessment which pinpoints gaps and duplications in the service delivery system. Development of new services could then parallel creation of procedures to ensure coordinated delivery of services and eliminate costly duplication. The capability to provide timely accurate and useful information regarding all existing services for children and youth is essential. The role of state child welfare administrators includes the function of exchanging information with localities regarding resources. This information sharing or "clearinghouse" capacity should be organized at both levels and should consist of the responsibility to have available a comprehensive resource inventory of all the service resources for children, youth and families within the state and given communities.

When applied to specific services, such as preventive or protective services, coordination frequently means case management. In Foster Family Care Services, permanent planning may be implied. The development of regional and statewide adoption exchanges is another example of "coordination." These subjects are further discussed in the respective resource sections of this Manual.

RESOURCE DEVELOPMENT: PURCHASE OF SERVICE ADMINISTRATION

The organizational framework and administrative responsibility for purchase of services varies across states. While the trend appears to favor separate purchase of service units within the state agency with clearly identifiable functions and responsibilities,[1] many states have incorporated the purchase program into the existing organizational framework where it is considered an alternative technique for service delivery. Some states concentrate control at the state level, while others delegate most responsibility to the local agencies. Often, purchase of service is administered under a mixed model. Contracts between the Title XX state agency and other state agencies, and occasionally private providers, are administered at the state level, while local contracts are administered at the local agency/office level, with varying degrees of review and monitoring by the state agency. When a large number of services are purchased from the private sector, control of the purchase of service systems offers an opportunity for exercising significant control over the child welfare service delivery system.

All states provide a mixture of purchased and direct services. It is important that rational decisions on which services to purchase and which to provide directly be made based on the application of predetermined critera. The Urban Institute's Title XX study [2] indicated that the following criteria were used by states in deciding to contract for a service rather than to provide the service directly. Services are purchased

- when qualified SSD staff are not available,
- when other public and private agencies have traditionally provided the services themselves,
- when a service is discrete, tangible, or where unit costs can readily be determined,

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[1] Sam Edwards et al., "The Purchase of Service and Title XX," Washington D.C.: The Urban Institute, 1977, p. 7.

[2] Bill Benton, Tracey Feild, and Rhona Millar, Social Services: Federal Legislation vs. State Implementation (Washington, D.C.: The Urban Institute, 1978), p. 115.

- when there is an absolute shortage of SSD staff without regard to qualifications,
- when the cost of contracted service is less than for direct services,
- in order to finance a service which was previously provided, but not under Title XX, and
- when other criteria influence a decision in favor of contracted services.[1]

When a state planning group considers establishing criteria upon which to base rational decisions regarding purchase versus direct service delivery, there are a number of reasons for which the decision to purchase services may be made, including:

- responsiveness to the community in obtaining traditional services from a diversity of providers offering clients a greater choice;
- provision of social services in new settings, ability to offer innovative programs since community agencies, unhampered by civil service and statutory constraints, may have more opportunity for creativity;
- economic grounds, not only of direct cost, but also for the indirect costs to the state in satisfying administrative requirements, and the "multiplier effect" secured when private agencies use public funds.[2]

Frequently purchase does not impose further burdens on the state budget, because it uses non-state, non-public funds as the match. This means that there is no need to increase the number of state employees, which is an item that legislators watch closely.

The increase in purchase of service activity raises the question of whether procurements should be competitive. There may be no single best answer to this question when applied across all purchase programs in a state. State child welfare administrators, however, should consider competitive procurements for some, if not all, contracts. Competition among providers can result in better proposals, better contracts, and more responsive contract performance and service delivery. Establishment of provider competition may require expansion of the role and responsibilities of purchase of service administrators. Another factor to be considered is additional cost if the bidders increase their administrative charges to cover the cost of proposal writing. Criteria according to which contracts are awarded must be clearly specified and should involve measures to ensure that quality services are purchased. Cost should not be the sole criterion. The identification of potentially qualified bidders may be necessary, and in some cases encouragement and assistance may be required in order to maintain a healthy market.

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[1] This last apparently referred to community values and political pressures.

[2] Edward et al., "Purchase of Service," p. 20.

The major tasks and responsibilities of administrators managing a purchase of service program can be organized under the following objectives:

(1) establish uniformity of operations among the different programs across the state purchasing services for children;

(2) clearly define roles, responsibilities, and activities of all those involved in purchase of service operations: child welfare administrators at state and local levels; project or contract officers; providers; case workers; consumers;

(3) provide for coordination between various program and administrative levels involved in purchasing services for children;

(4) set standards for quality of services;

(5) provide written guidelines and procedural manuals on the contract process; and

(6) establish procedures for monitoring contract compliance.

Most of the above issues will not be addressed in detail because the variations among states precludes more specific guidance. The contracting process, however, involves procedures that may be common to most programs purchasing services from the private sector. In line with the trend to invest responsibility for purchase of service activity within a separate unit, it may also be desirable to assign responsibility for contract management to specific individuals.1/ Whether these individuals are assigned this responsibility at the state level or at the local or regional administrative levels, procedures should be clearly defined and in writing.

The basic contract management functions to be performed for all purchase of service programs are listed below and briefly discussed.

- Development of a Model Contract and a Model Request for Proposal is the first task. Input should be obtained from legal officers, budget staff, planning and evaluation personnel and providers. Their model documents may be adaptable to individual services. It is crucial that they be clear and specific. At a

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1/ Kenneth R. Wedel, "Government Contracting for Purchase of Service," Social Work 21:2 (March 1976), p. 103.

minimum, the following information should be included in all RFP's:

- Background information on the program
- Statement of Department goals and objectives
- Goals and objectives of procurement
- Scope of work
  - Description of services required
  - Amount of service (units)
  - Number and types of persons to be served
  - Client eligibility requirements
  - Location requirements
  - Method of service delivery
  - Time period
  - Other service-specific expectations
- Proposal requirements
  - Format required
  - Guidelines
  - Due date
  - Review and approval process
- Management procedures
  - Department's role and responsibilities
  - Contract officer's role and responsibilities
  - Provider's role and responsibilities
  - Monitoring and management procedures
  - Payment processing
- Reporting requirements
  - Reports to be submitted
  - Due dates
- Contractual terms and conditions

- Development of individual contracts involves review and evaluation of individual proposals submitted in response to RFP's. Following agreement on any necessary revisions, contract managers should assure that providers can in fact, comply with contract requirements. A minimum time limit should be established for this process, e.g., 60 days.

- Final award and contract sign-off should also occur within a set period of time. Most of the problems and misunderstandings that arise during the contract process can be traced to lack of specificity in RFP's and contracts, and to inordinate delays during the process.

The assumption is that the final step is primarily a pro forma procedure because any problems with the contract have already been addressed.

- Monitoring of contract performance and compliance with qualitative standards should be an on-going process which has been clearly spelled out in the RFP and the executed contract. Components of a contract monitoring system should include:
  - o Monthly progress reporting by providers
  - o Budget monitoring
  - o Periodic on-site monitoring
  - o Statements of required corrective action in cases of non-compliance
- Contract close-out procedures should be formalized and include a final audit.

RESOURCE DEVELOPMENT: PUBLIC INFORMATION

The development of statutory and funding support for child welfare programs and services is a major task. Many individuls must be involved and committed to improving children's services before significant changes can occur in the system. Both the public and the legislature must be informed of the continuing needs of children and families, and advised of alternative ways to improve programs to meet these needs.

While information and education activities should be continuous and ongoing, An Introduction to State Capacity Building emphasizes the importance of the timing.1/ A widely publicized case of child abuse or neglect, publication of a study, a highly successful demonstration project, or a national policy movement can provide an opportunity for state child welfare administrators to initiate an awareness campaign. Efforts should be carefully planned and tailored to specific audiences. The following chart is reproduced from the above publication. It lists a number of methods that can be used to increase awareness of children's needs as well as to provide information and capture the attention of the public. The checks in the boxes indicate methods which the authors contend have worked best with different audiences. Adaptations may be necessary depending on the size of the group, their level of understanding or expertise, and the special concerns or needs of the audience. Carefully planned public information activities can lead to increased resources for children and families in need.

RESOURCE DEVELOPMENT: FINANCIAL ADMINISTRATION

Although traditional line-item budgeting provides significant on-going control, this method is not oriented to program outcomes. With the advent of Title XX, efforts are being made to rationalize social service budgeting.

1/ Himelrick and Aitken, An Introduction to State Capacity Building, p. 29.

Table II

Public Meetings and Media Approaches[1/]

METHOD

AUDIENCE	Public Meetings					Media							Personal Contact		
	Lecture	Seminar	Forum	Workshop	Speak-Out	Television	Radio	Newspaper	Professional Publications	Pamphlets & Brochures	Films & Slides	Posters	Telephone	Letters	Individual Contact
Legislators		●			●		●	●	●				●	●	●
Agency Heads		●	●		●		●	●					●	●	●
Executive Branch Employees		●			●	●		●	●				●	●	●
Program Directors	●	●	●		●	●	●	●	●	●	●		●	●	●
Professional Organizations	●	●	●		●	●	●	●	●	●	●			●	
Local Government Officials		●	●		●	●	●	●		●	●		●	●	●
Academic Community	●	●	●		●	●	●	●	●					●	
Civic Organizations & Groups	●	●	●		●	●	●	●		●	●			●	
Service Deliverers			●	●	●	●	●	●	●	●	●	●			
Parents				●	●	●	●	●		●	●	●			
Children						●	●				●	●			
General Public			●	●	●	●	●	●		●	●	●			

[1/] Reproduced from Himelrick and Aitken, An Introduction to State Capacity Building, p. 30.

Program managers are attempting to identify relationships between program inputs, service activities, and end products. As competition for scarce resources continues to grow, these efforts to relate costs to goal achievement may result in greater justification of needs and more planful allocation of resources.

Three basic tasks are necessary in order to adequately present budget information. These three tasks are: (1) defining child welfare services; (2) developing service units; and (3) determining unit costs. Various approaches and methodologies have been used to accomplish these objectives. The Utah Social Service Information System provides an example of rigorous accountability for service time and unit costs.[1] This system contains the units of each service element delivered to each client, along with a record specifying the service worker that provided the services. Matching a service worker's salary to the units of service the worker provided produces an exact cost of the direct service portion of the unit cost. Time studies have then determined the amount of non-service time that should be allocated to each unit of service time. These procedures can provide accurate cost figures.[2] The implementation of a budget system that ties costs to outcomes, however, may require a major effort to redesign reporting and data collection instruments and procedures.

The increasing degree of legislative and budget agency interaction with state social services adminstrators reflects growing competition for scarce resources. Child welfare program administrators must become increasingly sophisticated regarding impacts of alternative uses of funding sources for programs. Inter-title transfers to maximize federal money for children and youth is one means of trying to increase resources available to serve children. The key incentive for inter-title transfers is the availability of unlimited Federal funds under a number of other titles which cover some of the same services as are covered under Title XX. A state or local department of social services can acquire a net gain in Federal funds by transferring out of Title XX all services that could be funded under other titles (e.g., family planning, day care, homemakers) to those titles and using Title XX funds for services and programs currently funded through state and/or local monies.

State administrators and budget analysts are recognizing the potential of alternative funding strategies to deal with inflation and being "at ceiling" for Title XX expenditures as they attempt to reconcile increasing demands for shrinking resources. Establishing eligibility for services is in itself a major method of allocating resources. However, differing eligibility requirements between titles do not always constrain alternative funding strategies for a single program. Some states have found it possible to experiment in this area and are actively researching the inter-program effects of joint funding or inter-title transfers, viewing Title XX, for example, as a "fund source" rather than a discrete service program.[1] States are not arbitrarily limited to HEW programs when considering transfers of funds for programs between titles. The Child Welfare League of America's Hecht Institute has pointed out that there are at least sixty programs for children's services scattered among HEW offices and other federal agencies.[2]

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[1] The Blue Print: Planning a Social Service Delivery System (Salt Lake City: Utah State Department of Social Services, Division of Family Services, 1972). Also see, Barry Rosenberg, Evaluation of the Status and Effectiveness of State and Local Human Services Information Systems: System Profile (Silver Spring, Maryland: Applied Management Sciences, Inc., 1976) for a description of the Utah system.

[2] More information may be found in Gale G. Whiteneck, "The State-of-the-Art in Defining Social Services, Developing Service Units, and Determing Unit Costs with an Annotated Bibliography" (Denver, Colorado: Denver Research Institute, University of Denver, 1976). Also see Gary E. Bowers and Margaret R. Bowers, The Elusive Unit of Service (Rockville, Maryland: Project Share, 1976).

The transfer process can result in an increased demand for additional non-Federal funds to finance the matching portions of the expanded programs. Thus, while Federal funding may be maximized, state cost shares will also be rising. In light of the potential for long-term increased costs, state departments of social services should exercise restraint and use inter-title transfers selectively to increase the impact of services.

In most states, the state budget is the planning document most relevant to child welfare programming and, therefore, likely to be the most important policy document affecting child welfare services. A recent study of the relationship between Title XX and state budgetary processes found that major policy decisions in social services planning are typically constrained by decisions made in the state budget process.[3]

In spite of the importance of state budgeting for child welfare planning, coordination of these two processes is complicated by the following factors:

> *Long lead times* -- It is not unusual for state budget planning to begin more than two years before the fiscal year actually begins. By the time child welfare or Title XX planning begins it is quite possible that the major parameters for those decisions will have been set long before in the state budget deliberations.
>
> *Different Planing Periods* -- It is not unusual, too, for the state fiscal year to run for one period, the Federal fiscal year to run for another, local governments to operate on another fiscal period and the funding of special projects to run for various periods unrelated to any of the above. Integration of planning across the multiple fund sources involved in child welfare services (i.e., Federal, state, and local) is thus made extremely difficult.

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[1] Millar et al., "The Impact of the Federal Expenditure Ceiling," p. 52.

[2] See William Copeland, *Financing Services for Children Through Title XX and Other Programs* (Washington, D.C.: Child Welfare League of America Hecht Institute for Child Welfare Planning, 1975).

[3] Bill Benton, et al., "Title XX and the State Budget Process" Washington, D.C.: The Urban Institute, 1977.

Inability to "Crosswalk" -- Even where the processes of planning and budgeting can be coordinated, it may be difficult to compare the different documents involved. Budget categories, for example, may relate to specific objects of expenditure (e.g., line items) and may be very different from the service program definitions or organizational detail provided in planning documents. Given this inability to translate, tie in, or compare the net effects of decisions in one document (e.g., the budget), it is impossible to tell whether or not those decisions have carried over to other documents (e.g., plans, proposals, or allocations).

Nature of the processes themselves -- In addition to the mechanical complexities of coordination, the nature of the planning and budgeting processes themselves may be quite different. In a given state, for example, the social service planning process may involve substantial public participation (including public hearings), needs assessments and involvement of provider agencies. The state budget process, however, may be closed to the public until it has been submitted to the legislature by the governor or made public by the legislature itself at which time it may become more "political" than it had been to that point.

The incremental nature of budgeting -- Most budgeting systems are focused on the additional amounts of "new money" requested for the coming fiscal year compared to the current amount or "base".1/ Even in states which have adopted modified program or zero-based budgeting, decisions are still focused on the progams fundable at various funding levels (e.g., 80%, 90%, 100% or 110%) compared to the previous year's authorization. It is the exception, therefore, when the budget process can react in a timely manner to respond to changing policy initiatives (e.g., permanent planning for foster children).

Although there are difficulties involved in integrating the planning and budgeting processes with respect to child welfare programming, the sustained credibility of both processes demands it. Rationality must be incorporated in what otherwise could be essentially a political process.

1/ An excellent account of the incremental nature of budgeting is set forth by Aaron Wildavsky, The Politics of the Budgetary Process (Boston: Little Brown, and Co., 1968). Designs for more sweeping budgetary processes are contained in Allen Schick's Budget Innovation in the States (Washington, D.C.: The Brookings Institution, 1971); A description of zero-base budgeting is contained in an article by Peter A. Pyhrr, "Zero-Base Approach to Government Budgeting," Public Administration Review (January/February, 1977).

IMPLEMENTATION

A dictionary definition of the verb "to implement" is: "...to put into effect according to or by means of a definite plan or procedure."[1] Plans and resources are translated into actions that meet social needs and ameliorate social problems. While these actions are usually carried out at the local level where services are delivered to clients, state administrators are responsible for providing the administrative support that makes this possible. Implementation is defined as those activities through which the state provides management assistance to enable local service agencies to deliver services as planned. This function encompasses the setting and review of standards for child welfare services, programs and staff; staff development activities; and personnel administration. The state administration is viewed as the enabling or facilitating agent, as well as the mandator and enforcer.

IMPLEMENTATION: STANDARD SETTING

The implementation of planned child welfare programs is dependent on effective communication between states and the localities delivering services. Local agencies have found that the assignment of a consultant from the state level significantly improves communication. This individual may be responsible for interpreting state standards and federal regulations and for serving as a liaison between state and local administration, often acting in the capacity of ombudsman. Local agencies often perceive the state administration to be more responsive when they can communicate directly with one individual.

Standards transform general policy into a specific program and place limits on the range of acceptable service delivery. The more complex standards become, the more difficult it is to implement and enforce them. The diversity and flexibility of a state's child welfare services, while a major strength of a responsive program, may become a drawback in the development of simple straightforward standards.

The task of setting or reviewing standards depends upon being able to define the objectives and desired outcomes of a program. Standards should supply all the members of an organization with the answer to the basic question "how?" in terms that can be easily translated into action. It is important to clarify whether standards are to be the minimum that is acceptable or a "best practice" ideal. The former will require stringent monitoring and the establishment and exercise of sanctions for non-compliance, while the latter may require periodic review and technical assistance to upgrade performance. While end products may not differ substantially, the tone of the relationship between levels of the organization may be very different.

Standards can be promulgated in different ways. Operating practices and procedures should be established for program implementation. Often these are the standards for services and programs, provided in the form of written guidelines and manuals. Reasonably uniform procedures should be followed allowing sufficient flexibility for adjustments and changes to be made on the basis of experience.

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[1] The Random House Dictionary of the English Language. The Unabridged Edition. (New York: Random House, Inc., 1970).

The development of standards for child welfare services and programs across the state should involve individuals from all administrative levels of the public agency, providers from the private sector, and professionals and experts in the field. The published standards of national standard-setting organizations such as The Child Welfare League of America 1/ and the American Public Welfare Association 2/ should be reviewed and integrated into the state's standards for child welfare services.

Standards should be regularly reviewed in the light of changing state and federal statutes. Interpretation of the impact of new legislation on child welfare services and standards is a major responsibility of state child welfare administrators. In addition, states should have an established mechansim for seeking input from public and private agencies and citizens concerned with the welfare of children and youth when considering revision of standards.

IMPLEMENTATION: STAFF DEVELOPMENT AND TRAINING

The need for more staff development and training opportunities for child welfare staff has been emphasized repeatedly. This serious deficiency occurs at a time of growing national concern over family breakdown, the incidence of child neglect and abuse, the uncertainty experienced by thousands of children in temporary foster care, and the need to find permanent families for the many children who will never return to their biological families. In Foster Care in Five States, a synthesis and analysis of studies from Arizona, California, Iowa, Massachusetts, and Vermont, Vasaly reported that all five studies identified the need for additional training for workers.3/ The necessity for adequate orientation of workers prior to employment was stressed. Specific recommendations included that staff should participate in a minimum number of training programs as a required condition of employment.

The joint study of Child Welfare in 25 States, conducted by the Child Welfare League of America and Peat, Marwick and Mitchell, found no single

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1/ The Child Welfare League of America Standards Series includes standards on: adoption, foster family care, child protection, institutional care, day care, group homes, homemaker service to children in their own homes, and services to unmarried parents. They can be obtained from: Child Welfare League of America, 67 Irving Place, New York, New York 10003.

2/ The APWA has published a set of comprehensive Standards for Foster Family Services System with guidelines for implementation specifically related to public agencies. The standards can be obtained from: APWA, 1155 Sixteen Street, N. W., Suite 201, Washington, D.C., 20036

3/ Shirley M. Vasaly, Foster Care in Five States: A Synthesis and Analysis of Studies from Arizona, California, Iowa, Massachusetts and Vermont (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976).

state with exemplary child welfare staff training programs.1/ Cole, in her comprehensive review and projection of adoption problems and strategies from 1976-85, concluded that child welfare programs suffer from a lack of training and identified this area as a priority.2/ She concluded that, although one solution to pressing child welfare needs is to hire additional staff, workers could do more work more effectively if they had better training.

In addition to program-focused staff development and training, the federal government, as well as state and local public welfare administrators, have repeatedly expressed the need for management-oriented training.3/ While training for direct service workers in child welfare is frequently of poor quality, in short supply and costly, managerial and analytic training may present an even greater shortfall. A recent national assessment of training needs found that program-specific training such as orientation, eligibility rules and policy interpretation was offered in 83% or more of the states, while only 38% offered program management training.4/ Social services personnel participating in The Urban Institute's Title XX study perceived that the major areas in which training may not have kept pace with skill demands included: program evaluation, case management, administration (in the opinion of managers), and contract management (in the opinion of service workers).5/

States have attempted to address these deficiencies through increasing purchase of training from the private sector using Title XX training funds. Limitations on the funds, however, may require the development of more in-house training programs. State child welfare administrators and staff development specialists have ultimate responsibility for the development of programs that address the specific skills and knowledge needed by administrators and direct service workers who serve children and troubled families. Benton et al report that the lack of managment training may not be a problem of inadequate supply. Public and private institutions capable of providing training are plentiful. Rather, they say, the reason these resources are not applied appears to be a lack of demand for such training on the part of state social services administrators.6/ Effective management of statewide staff development programs requires that:

1/ See Child Welfare in 25 States - An Overview (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976).

2/ Elizabeth Cole, "Adoption: Problems and Strategies, 1976-1985," Washington, D.C.: Children's Bureau, U.S., Department of Health, Education, and Welfare, 1976. (Mimeographed.)

3/ See Mary Lou Egan, Staff Development and Training for State and Local Public Welfare Employees: A Nationwide Needs Assessment (Washington, D.C.: Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, 1977); and Mary Lou Egan and Marc Bendick, "Management Training for Public Welfare Agencies: Why the Need Remains Unmet," Administration in Social Work 1:4 (Winter 1977), pp. 359-367.

4/ Egan and Bendick, "Management Training", p. 362.

5/ Benton et al, Social Services: Federal Legislation vs. State Implementation, p. 128.

6/ Ibid., p. 135.

- an annual training plan is developed that adequately reflects child welfare training needs;
- training opportunities for child welfare workers are uniformly available throughout the state;
- technical assistance and consultation is provided to localities who wish to develop their own in-service training programs; and
- training experiences and expenditures are evaluated.

Three publications will be briefly discussed that may be of interest to state administrators and staff development specialists.1/ Practice of Continuing Education in the Human Services by Lauffer 2/ focuses on what staff developers and educators are doing, how they are doing it and why. Patterns of financing staff development activities, strategies employed for marketing staff development activities, and the management of coordination with the environment are presented in this analysis. Special attention is given to assessment and program evaluation. The appendices list resources such as search services, directories, publications, film libraries, and grant and contract sources. This publication can be ordered from:

McGraw-Hill Book Company
1221 Avenue of Americas
New York, New York 10020
Price: $11.95

A joint project of the School of Social Work and the Graduate School of Business Administration of the University of Washington produced training materials and instructional tools. In a volume entitled Preparing Students for Management Practice in Social Welfare: A Report of the Social Welfare Management Curriculum Development Project, the syllabus and course design of the Management-Skill Development Laboratory is described. Learning objectives, needed resources, suggested teaching methods, and evaluation techniques for 22 units are covered. Also described are two audio-visual tapes prepared for teaching aspects of administration such as working with committees. The report also includes the results of a 42 state survey of public welfare agencies to determine education and experience qualifications for management positions and a summary of a national survey of public welfare administrators to determine what they consider appropriate management training. This report can be obtained at no charge from:

Social Welfare Management Curriculum
Development Project
University of Social Work
1471 N.E. 42nd Street
Seattle, Washington 98105

1/ Information on these and other publications is available from the Child Welfare Resource Information Exchange, 2011 Eye Street, N. W., Washington, D.C., 20006.

2/ Armand Lauffer, Practice of Continuing Education in the Human Services (New York: McGraw Hill, 1977).

An example of a training resource pertinent to training in social and cultural systems and backgrounds of clients and communities is provided by Selective Guide to Materials Related to the Chicano for Human Services Training and Education, edited by Gomez, Jennings and Santos. Materials reviewed for the Selective Guide contain four types of information: summary of the content; evaluation; category, which includes the subject headings and major curriculum sequences in social work education: and an outline of the content. This guide could be useful to persons with professional responsibility for training and staff development in regions where Chicanos are represented in the client and citizen populations. This publication can be obtained from:

Our Lady of the Lake University of San Antonio
Worden School of Social Service
411 Southwest 24th Street
San Antonio, Texas 78285
Price: $10.00

The Graduate School of Social Work of the University of Texas at Arlington has a specialty concentration in Human Services Administration. General content areas of instruction include: (1) nature of organizations, (2) management process and styles, (3) personnel management and evaluation, (4) budgeting, (5) management by objectives, (6) environmental management (systems), (7) problem solving models, (8) planning by objectives, (9) community organizing strategies and professional roles, (10) community needs and analyses, (11) program evaluation, (12) consultation, and (13) working with task groups. The special needs and concerns of managers in state and local public and private child welfare programs have been incorporated with this generic human services administration curriculum.1/ With funding from the Office of Human Development Services, a model graduate curriculum to train child welfare administrators has been developed. For more information contact:

Anthony J. Arangio or George W. Ayers
Graduate School of Social Work
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Arlington, Texas

IMPLEMENTATION: PERSONNEL ADMINISTRATION

Typically two-thirds to three-forths of a program's budget is devoted to personnel compensation. The quality of services provided, the responsiveness of those services to the needs of the people of the state, and the accountability of service programs to publicly formulated goals and objectives is largely a function of the men and women who staff child welfare organizations. In most respects, state agency administration is the management of people. In spite of the obviously central role that personnel administration plays in the operation of child welfare programs, its placement in departments other than social services or human resources departments prevents the exercise of direct control over personnel selection. However, child welfare administrators may be able to have some impact on the existing personnel system through some or all of the following:

1/ Anthony J. Arangio, and George W. Ayers. "Child Welfare Management: A Model Curriculum," Child Welfare 58:6 (June 1979), p. 355-362.

- reviewing minimum qualifications and position descriptions to ensure that they are realistic and being adhered to by local agencies;
- reviewing recruitment policies and local agency practice to ensure that they are equitable and attracting the types of individuals intended; and
- reviewing staff turnover and identifying whether an unacceptably high turnover rate may be related to: (1) inadequate or unenforced workload standards, (2) poor supervisory practices, or (3) ineffective personnel policies relating to performance evaluations, promotions, or employee mobility.

Establishing realistic workload standards for child welfare staff presents a significant challenge. In order to effectively perform this task, there must be data available on the number of children receiving services and the number of caseworkers delivering services, by county or region. Defining child welfare services and developing units of service are important first steps toward development of workload standards, as well as of unit costs. Services should be defined in terms of tasks and average time needed to complete tasks or deliver a unit of service. With the advent of computer technology, time study techniques have become increasingly sophisticated and may produce more information useful to management.

When the state agency has developed realistic workload standards, some minimum standard for direct service may also be established. This standard can be stated in varying ways - for example, in terms of percent of total time (e.g., direct service workers must spend 60% of their work week in direct service); or number of face-to-face appointments with clients within a given time period; or number of direct service hours or units of service within an established period of time.

Workload standards can be used to fill other needs than ensuring equitable distribution of work within agencies. For example, they may be necessary to project future staffing needs, as a more rigorous approach to justifying staff and budget requests. In addition, workload standards may provide a basis for comparison of overall staff performance across agencies.

The Illinois Department of Children and Family Services, in collaboration with Peat, Marwick, Mitchell and the Child Welfare League of America, has been developing workload standards for child welfare programs. The steps used in the process of workload standards development are as follows:

1 - Develop a plan for the use of workload standards.

2 - Form a task force to develop the standards.

3 - Determine and define work units for which standards are to be developed.

4 - Prepare and implement a work measurement study.

5 - Translate the measured workload into the workload standard.

6 - Develop a catalogue of work units and standards.

7 - Validate and update the standards.[1]

An interesting technique is being used by the County Department of Social Services in Charleston, South Carolina. As reported in Child Welfare, [2]

> "A weighted case management system has been developed that determines workers' caseloads by measuring demands of different cases at different stages, up to a maximum number of points per caseload. Although case-weighting is not new, the South Carolina system includes a varicolored chart or poster that illustrates the caseload picture simply and graphically. The combined effect enables workers to visualize where their efforts fit into the delivery system and how prevention and treatment can forestall crises."[3]

Personnel performance standards should reflect consideration of the heterogenous backgrounds and differing academic and professional qualifications of public agency child welfare workers, and the different tasks necessary to provide services to clients with varying backgrounds and diverse problems. The setting of performance standards for child welfare workers is an essential part of program management and personnel administration. A performance standard complements a job description. Thus, the two are often developed or revised at the same time, based on an objective analysis of tasks associated with providing service. Both job descriptions and performance standards should clearly state the tasks that workers must complete to perform specific jobs in an acceptable manner. Ideally, they will include measures of performance in terms of time, quantity and quality.[4] They should represent a criterion of performance that is understood and accepted by both supervisor and supervisee. Thoughtfully developed performance standards can facilitate supervision and improve communication leading to better staff morale and higher productivity.

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[1] See Developing Workload Standards for Children and Family Social Services (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978). Publication No. (OHDS) 78-30136.

[2] See "Nota Bene," Child Welfare 58:9 (November 1978), p. 618.

[3] For more information, contact William J. Knowles, Director, County Department of Social Services, Charleston, South Carolina, (803) 792-7346.

[4] See How to Write Performance Standards: Supervisor's Guide which can be obtained from: Pennsylvania Department of Public Welfare, Bureau of Manpower Planning and Development, Harrisburg, Pennsylvania 17120.

A recent pilot project in Utah developed performance standards based on concepts of management by objectives (MBO).[1] A plan was developed to define standards of performance in terms of results, and a procedure was designed whereby supervisors and subordinates agreed upon standards and were held accountable for adhering to them. It was hypothesized that this approach would lead to improvement in the quality and quantity of services delivered, increased job satisfaction among case workers and their supervisors, and increased productivity in staff output.

A one-year field study examined the effects of MBO based on comparison of experimental and control groups. Both groups were child welfare units of the Division of Family Services in Utah. The results of the pilot project indicated:

1. That the training model developed in this study can significantly improve the extent supervisors use goals and objectives in managing their work units.
2. That the use of MBO techniques did not affect workers' satisfaction with the content or context of their jobs.
3. That the use of MBO techniques had a significantly positive effect on caseworker performance as evaluated by their immediate supervisors.
4. That the use of MBO techniques had a significant and positive effect on two of the four productivity measures used over the period of the study.[2]

Based on these results, recommendations were made to the Division of Family Services to implement MBO throughout the organization.

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[1] See William J. Murray, Management by Objectives: A Pilot Project (Salt Lake City, Utah: Division of Family Services, 1977).

[2] Ibid., p. 81.

MONITORING

The monitoring function is the process by which the state determines whether what is supposed to occur does in fact occur. The focus here is on the public agency which channels resources to local offices or agencies to enable them to conduct agreed upon activities. Data generated by monitoring activities are generally descriptive and include client characteristics, cost figures, and services provided by workers and programs. Monitoring is to be distinguished from evaluation in that the aim of monitoring is neither to isolate causal relationships, nor to determine the impact or effectiveness of the services provided. The role of monitoring is to document whether certain events have occurred and to provide a basis for the state administration to ensure compliance with standards and policies. In this Manual, monitoring refers to all activities conducted either at the local level or by the state agency for the purpose of tracking, ensuring compliance, establishing accountability and documenting whether programs conform with previously defined program goals and standards. The state's monitoring responsibilities include oversight of the monitoring activities of local service delivery units.

The usefulness of a monitoring system is dependent upon: clear standards and guidelines for programs consistent with planning objectives, and adequate data collection capability for systematic collection of information based on these standards. A monitoring system helps to ensure the effective management of resources and programs, with a minimum expenditure of time. The system should be structured to provide information upon which informed decisions can be made, and action taken, and include the following characteristics:

- Timeliness. Information should be available soon enough after the event to enable managers to take action.

- Conciseness. Information should be succinct, on a form that is understandable to those who must use it, and cover a limited subject.

- Accuracy. Management needs to rely on the accuracy of the data and know its limitations.

- Justification. Need for each report should be documented, both at initiation of the requirement and at periodic intervals.

- Historical perspective. Management needs to focus on trends in order to make comparisons. For example, monthly statistics should include comparisons; e.g., with previous month, same month last year, and year to date.

- Exception Reporting. Managers need to be made aware of exceptional circumstances.

Many existing monitoring systems simply describe the activities taking place. However, the assumption here is that information should also be provided on the results of the activities. (Results are to be distinguished from outcome or impact which evaluation seeks to identify).

MONITORING: DATA COLLECTION

All state agencies have some form of manual and/or computerized information system for use in monitoring service delivery to children in the foster care and adoption process. Most states have a complex system of formal and less formalized information gathering procedures that not only facilitate program monitoring and evaluation, but also support planning and development functions. While increasingly sophisticated social services management information systems are being developed and implemented in a growing number of states, examples of costly failures of these systems have been reported. 1/ Some of the major causes of inefficiency and failure of these systems include:

- insufficient communication between designers of the system and its potential users;
- insufficient field-testing and evaluation of the system;
- insufficient user training;
- insufficient feed-back of useful information to those who input data; and
- problems surrounding the issue of confidentiality.

A major issue that affects the state's monitoring efforts is staff acceptance of the management information system, which can be facilitated by involving local staff in preparation of forms, and in collection of data. Local agencies or offices sometimes view much of the monitoring activity carried out by higher levels of administration as either a waste of staff time or as intrusive and threatening. This perception is often related to a lack of understanding of why the data are collected and lack of meaningful feedback and interpretation of results to local staff. Information should never be collected for which there is not a need and established use. Data collection should be organized and coordinated at the state level to avoid the necessity for local agencies to report the same information more than once during a reporting period. Funding sources and consumers may also reasonably expect to have access to relevant information collected and analyzed through the monitoring function; thus, a secondary use of program monitoring information is for public relations.2/

1/ For example, see Alfred Di Bernardo, SSIS Administrative Evaluation Task Force, Final Report (Albany. New York: Welfare Research, Inc., 1975). Other "failed" systems include: North Carolina's DAISIE, and Connecticut's SWAN.

2/ Irwin Epstein and Tony Tripodi, Research Techniques for Program Planning, Monitoring and Evaluation (New York: Columbia University Press, 1977), p. 55.

An effective monitoring system should produce relevant data on expenditures, clients, services, programs, and staff. It is important that programmatic cost data be collected that will allow determination of the average cost per child served and/or average costs per unit of service delivered. An unduplicated count of the number of children receiving child welfare services must be obtained in order to compute these costs, which are necessary data if a state is to project the quantity of individual services provided by a certain amount of funding. It also may be desirable for the system to track sources and uses of funds, to provide a means for linking funding sources to specific programs. This capability may facilitate "leverage" or inter-title transfers of certain federal reimbursement dollars to maximize revenue to the state.

An information system should include client-tracking capability. Client centered information is necessary to ensure that services are being delivered according to plan. Caseload management information should be collected that includes intake data such as eligibility, treatment plan formulation and periodic reviews; service authorization; and logs of direct service hours. States purchasing a significant percentage of services may find it useful to have a system with provider and vendor payment monitoring capability.

Several state information systems are in operation that can significantly improve management of child welfare programs. Three systems will be briefly described.

- Child Welfare Information System (CWIS) of New York City. This system is operated by a service bureau on a contractual basis and directly processes and reports data for both public and private child welfare organizations.[1]

- Child Care and Placement Information System (CCPIS), Child Welfare Division, Michigan Department of Social Services, Detroit, Michigan. This is a computerized case tracking system used by the Child Welfare Division, the Courts, and residential facilities. CCPIS is based on individual client transactions as reported by caseworkers, aggregated to form a data base for the child welfare system.

- Social Service Delivery System in operation in the Utah State Department of Social Services. The Utah system contains the following elements: (1) client files which maintain data on client characteristics, goals and services; (2) worker files, an inventory component, which provides quarterly data on thirty-minute units of caseworker time, budgeted and assigned to cases; and (3) provider files which maintain contract, usage, and payment data.[2]

1/ See Child Welfare Information Service (CWIS) What It Is, What It Does. Order from: Mr. Leigh Gore, Child Welfare Information Services, Inc. 200 Madison Avenue, New York, New York 10016.

2/ See Child Welfare in 25 States, p. II-122; and Rosenberg, Evaluation of the Status and Effectiveness of State and Local Human Services Information System: System Profile.

MONITORING: SERVICE PROVISION

A large number of the information systems currently in use in public welfare departments were designed primarily to meet federal and state reporting requirements. Although these systems may efficiently perform specific functions, they are frequently inadequate for monitoring service delivery to clients. Furthermore, they usually do not meet the management information needs of program planners and evaluators. Staff who work with these systems may find that they often require multiple and redundant input of information and produce conflicting, confusing and inaccurate reports.

Recognizing that timely and accurate information is an essential requirement for effective management, the Children's Services Division of the Oregon Department of Human Services created a task force to study the information needs of the agency. The findings of the study 1/ indicated that the operations of the agency could be categorized according to four distinct objectives: (1) client support, (2) provider support, (3) management support, and (4) administrative support. The information needed to carry out these objectives was defined and organized into classes: (1) client information, (2) fiscal information, (3) personnel information, (4) external information, and (5) provider and vender information. After defining the activities of the agency and the information needed to carry out these activities, the task force identified the interrelationships in order to determine the type of information systems network that was needed. A matrix comparing the business processes and information classes was developed that indicated which processes needed which information. The matrix demonstrated that much of the information was needed by several processes, lending support to the assertion that integration of information systems is necessary to avoid repetitive entry (and reporting) of the same information for each process. Another conclusion that can be reached by reviewing the matrix is that the most frequently needed types of information to carry out agency business are client information, followed by provider information.2/

Case movement should be tracked and reports should be timely and specific in order to serve as useful case management tools. Essential categories of client information include:

- Personal information - identifies and locates specific clients;
- Problem information - identifies the reasons for providing services;
- Services information - identifies the services that are being provided as part of a service plan;

1/ See Stephen Mansfield et al., "Integrated Information System Project Task Force Report," Salem, Oregon: Children's Services Division, Department of Human Resources, December 1977.

2/ Ibid., pp. 8-9.

- Legal status information - describes client involvement with the court system;
- Historical information - provided by means of chronological ordering of information.

MONITORING: UTILIZATION OF FINDINGS

In some government agencies, the purpose of monitoring is simply to comply with state and federal administrative regulations. In these agencies, monitoring data are collected and used to complete periodic required reports. However, the major assumptions on which this section is based are that monitoring data are collected because program directors know what they want programs to accomplish and can take management action if the desired results are not occurring. The first assumption - that program managers know what they want programs to accomplish - requires clear goals and objectives. The second - that program mangers can act to change programs if the desired results are not occurring - may be more difficult to achieve. Frequently, the authority or resources to make changes are lacking. Another barrier may be organizational resistance to change. Thus, monitoring takes place in an ambiguous environment, and personnel expected to use monitoring data frequently find them of little use. This situation can often be traced to lack of communication between the individuals collecting the data and; (1) program staff being monitored, and (2) those who could act on the monitoring information.

In Monitoring for Government Agencies, Waller et al. 1/ propose a conceptual framework for establishing an effective monitoring system. This document was developed in part from the experiences of several state planning agencies in allocating funds for criminal justice programs. Typically, the person charged with developing and operating the monitoring system was a member of the central office staff who did not have line authority over agency operations. According to this model, the four major tasks facing such a monitoring system manager are:

1. Establishing agreement with the agency management on what monitoring information is needed;
2. Establishing agreement with the project personnel on what will be monitored;
3. Developing procedures to produce the type and quality of information required; and
4. Assuring utilization of the monitoring information produced.2/

1/ John D. Waller, et al., Monitoring for Government Agencies (Washington, D.C.: The Urban Institute, 1976).

2/ Ibid., p. 12.

Although these tasks are discussed in the document as separate activities, the accomplishment of any one affects the others; therefore, the four tasks need to be performed in an integrated and complementary manner.

During the course of this study, several management, technical and procedural problems were pinpointed as frequently inhibiting utilization of monitoring information. Managers are cautioned that utilization is apt to be poor or non-existent in situations where:

- No criteria exist for responding to the monitoring information. For example how deficient should an agency or program be before technical assistance is given or funds are curtailed? If no criteria exist, then information on the level of performance may be useless.

- Resources do not exist for responding to the monitoring information. For example, an agency that does not have the personnel or resources to assist an agency or program having problems will have little use for an information system that exists primarily to support such a mangement response.

- Programs and management objectives and management responsibilities are too diverse and numerous. That is, more questions are asked than can ever be answered, and concentrating on any one set of questions will not result in the extensive utilization of monitoring results.

- Information may not be in a form that can readily be used by administrators and decision-makers. One common complaint is that policy-making boards or agency managers did not review monitoring results because reports were too long, involved, or incomprehensible.

- Information does not arrive in time to act. For example, due to data collection and processing procedures monitoring results may lag six months or more behind an event, with the result that they are too late to react to a situation--such as a need for technical assistance.

- Programs lack explicit statements of planned results. For example, no objective criteria are given to determine if agencies or programs are performing as planned.[1]

The ultimate test of the usefulness of a monitoring system is the degree to which it contributes to achievement of agency objectives. In order to ensure that monitoring data will be acted upon, managers should take steps to address each of the above problems.

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[1] Waller et al., Monitoring for Government Agencies, pp. 63-64.

EVALUATION

Evaluation is defined as the process of assessing the efficiency and effectiveness of programs as measured against predetermined goals and objectives. Evaluation activities involve the systematic measurement of social services to assess program inputs, program or management processes, or program outputs in order to establish definitive relationships among them as a means to determine the value, worth or quality of the program. Thus, evaluation involves application of the principles of research design to distinguish a program's effects from the effects of other factors and is directed toward program improvement through modification of current operations.1/ As the last management function in the PRIME framework, evaluation should feedback directly into the planning process.

Evaluation has been defined in varying ways. In contrast to the above definition, evaluation research is defined as the measurement of outcomes and impact based on demonstration of definitive causality.2/ On the other hand, practitioners and state administrators often also include under program evaluation other activities, such as: needs assessments, monitoring, and/or reviews of contracts or standard compliance. 3/ Neither of these two approaches adequately addresses the range of concerns of those involved in managing and evaluating social service programs.

EVALUATION: ORGANIZATION OF EVALUATION ACTIVITIES

Program evaluation activities can be organized in a number of different ways within a statewide system of public social service agencies. Evaluation is often located with other staff support functions in a centralized unit. There may be an Office of Planning and Evaluation. Other combinations may place evaluation with standard setting, monitoring, research, statistics, or management information systems. While these other functions may be closely related to the conduct of evaluation studies, evaluation is frequently neglected or its purpose distorted, when it is located parallel to these other activities within one unit. Furthermore, evaluation responsibilities are frequently assigned to individuals carrying other major administrative responsibilities, which are sometimes more pressing than evaluation.

Another way of organizing evaluation activities is to assign an evaluator to each individual program or agency. Although this might appear to be an effective way to encourage evaluation activities, this approach can fragment the state's evaluation efforts. Broad impact studies or cost effectiveness studies could be difficult to execute if no clear responsibility or expertise is directed toward examining issues that extend beyond individual programs.

1/ See Joseph Wholey et al., Federal Evaluation Policy (Washington, D.C.: The Urban Institute, 1973), p. 23.

2/ For example, see Edward A. Suchman, Evaluation Research (New York: Russell Sage Foundation, 1967) and Carol H. Weiss, Evaluation Research (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1972).

3/ Evaluation: A Survey of State Social Service Evaluation Activities (Berkeley, California: Pacific Consultants, 1977).

Evaluations can be contracted to private organizations. While this approach is sometimes considered appropriate and desirable, there are several disadvantages. Outside consultants may not understand a program's goals or philosophical orientation. They may be viewed as a threat by program staff, and often they are not easily available to program managers to assist in interpreting and utilizing findings.

The state program evaluation model developed by Pacific Consultants from a nationwide survey of state social service evaluation activities places the evaluation function in a specialized unit of the state department of social services. It was concluded that this organizational arrangement focuses more attention on the evaluation function than other arrangements, and can result in greater visibility; thus more staff and funds might be made available for evaluation.1/ A centralized evaluation unit could also be responsible to plan and conduct evaluation studies taking advantage of economies of scale in developing expensive evaluation procedures that could be adapted for use in evaluation of all social service programs. In addition, a centralized evaluation unit could give the state executive office, the legislature, and state-level social services administrators more control over the effective measurement of the performance of programs.

An interactive organizational framework has been proposed 2/ to address two significant barriers to effective evaluation: (1) the threatening nature of evaluation often resulting in data of dubious validity, and (2) inappropriate methodologies that generate data that are useless for decision-making about program modification and improvement. These issues are dealt with in two ways. First, evaluation is made the shared responsibility of evaluators and program staff. The second strategy is the development of three levels of evaluation staff and activity to interact with the three broad levels of decision-making: policy; mid-level management; and programmatic or direct-service. In this way evaluation can meet information needs at the appropriate decision-making level, facilitating utilization of findings to improve programs. Because a multi-level organization may have conflicting needs, this interactive model could avoid the problem of administrators at different levels of the organization making decisions based on different interpretations of evaluative data.3/

A lack of clearly specified purpose for the program evaluation function can result in multiple and conflicting goals that render useless evaluation results. For example, evaluations can become political tools used to justify allocation or reduction of resources. The definition of evaluation should focus on the impact of services and programs. The primary purpose of conducting evaluations should be to provide objective data for program planning and improvement of services to meet identified needs. In addition to specifying the overall purpose for the evaluation function, evaluation should include clear goal statements stating why the evaluation is being performed and which decision-makers will benefit from the results.

1/ Evaluation, Pacific Consultants, p. 15.

2/ Jolie Bain Pillsbury & Kathy Newton Nance, "An Evaluation Framework for Public Welfare Agencies," Public Welfare 34:1 (Winter 1976).

3/ Kathy Newton Nance & Jolie Bain Pillsbury, "An Evaluation System for Decision-Making," Public Welfare 34:2 (Spring 1976).

It has been suggested that evaluation units attempt to formulate goals that specify a minimum number of child welfare programs to be evaluated annually. For example, the state of Florida proposed to evaluate 20% of all programs of the Department of Health and Rehabilitative Services annually.1/

EVALUATION: CONDUCT OF EVALUATION ACTIVITIES

Because the design of some programs precludes effective evaluation, a programs's potential to be evaluated should be assessed prior to attempting formal evaluation. Wholey et al., emphasize that this process, which the authors term "evaluability assessment," is a critical first step toward developing an evaluation capability.2/ Evaluability assessment calls for an analysis of the decision-making process and of the program as it currently operates to determine whether the descriptive data needed for quantification and measurement actually exist and that the program has clearly specified and measurable objectives. If an evaluability assessment determines that the program cannot be evaluated, recommendations should be made by evaluation staff so that the program can be evaluated at a later date. In regard to evaluation in child welfare, Shyne urges that attention be paid to clarifying program objectives and that selection of services be made in relation to objectives.3/ According to Shyne, progress in evaluation depends not on more input from researchers, but on greater participation by practitioners and administrators.

Nance and Pillsbury describe four stages through which evaluation progressed in the Texas Department of Public Welfare as the state's capability increased: (1) collection of descriptive data, (2) the development of reality-based descriptive categories, (3) the use of the goal/objective technique, and finally, (4) the use of closed-ended questionnaires amenable to computer processing.4/ These steps may be essential to the development of an evaluation methodology that allows comparison of the effects of programs in different regions, as well as determination of the overall impact of alternative programs on the same target groups.

While the development of evaluation technology is essential, Pillsbury and Nance stress that the human relations factor should not be ignored. Effective evaluators are skilled communicators and involve the staff of programs being evaluated in planning and conducting the evaluation, interpreting data collected during the evaluation, and in developing recommendations for changes in programs based on evaluation results. This involvement is necessary in order to ensure that: (1) outside evaluators fully understand the goals and objectives of a program; (2) the often threatening nature of evaluation is minimized so that more valid data are obtained; (3) any special factors, of which outside evaluators may be

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1/ Laurence E. Lynn, Jr. "Organizing Human Services in Florida," Evaluation 3:1-2, 1976, p. 61.

2/ Joseph S. Wholey et al., "Evaluation: When Is It Really Needed?" Evaluation 2:2, 1975.

3/ Ann W. Shyne, "Evaluation in Child Welfare," Child Welfare 55:1 (January 1976), pp. 5-18.

4/ Nance and Pillsbury, "Evaluation Framework for Decision Making."

unaware, are considered when data are analyzed; and (4) the results are disseminated and used by decision-makers to change and improve programs.

Many evaluation efforts consist of one-time program or service-specific studies, while on-going assessment efforts (or monitoring) usually focus on such measures of administrative activity as "number of persons served" or "number of children placed." Millar, Hatry and Koss of The Urban Institute have developed data collection procedures for use by state social service agencies intended to provide annual measurements assessing the impact of programs on clients.1/ The suggested procedures aim at assessing:

1. The functioning level of clients after receipt of social services, preferably as related to their status at the time they began to receive services;

2. The degree of client satisfaction with the services received; and

3. The extent to which there are citizens in the state who need social services but who are not currently receiving them.2/

These procedures are not intended to replace in-depth program evaluation efforts designed to determine the amount of client change that can be attributed to specific programs. They have been described in this evaluation section because they focus on the impact of services in terms of their effects on the status of clients in relation to social problems. The three kinds of assessments listed above can provide at least a gross indication of the outcomes of social services. In addition, such "monitoring" conducted regularly, can help:

- indicate trends in outcomes over a period of time;
- identify problem areas that need management attention;
- assist in resource allocation by identifying budget needs and justifying budget requests;
- indicate areas where in-depth program evaluation would be desirable;
- provide respresentative client and citizen feedback to government officials on a periodic basis; and

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1/ See Annie Millar, Harry Hatry and Margo Koss, Monitoring the Outcomes of Social Services, Vols. I and II. (Washington, D.C.: The Urban Institute, 1977.)

2/ Ibid., Vol. I, p. ix.

- increase the accountability of social service agencies to governors, legislators, and the general public.1/

Three major factors must be considered when developing a statewide plan to periodically measure outcomes. These factors are: (a) the specific goals and objectives of the services; (b) the types of clients including the variety of characteristics, problems, and levels of difficulty they present; and (c) the services provided. The materials prepared by Millar et al. offer practical guidance to states interested in this type of measurement effort. The five Title XX goals are used as examples of criteria against which to measure the impact of social services. Relevant research activities are reviewed, methodological and implementation issues are discussed, and sample measures and data gathering instruments are included.

While the major part of Millar's material related outcome measurement to the five social services goals, measurement of outcomes aimed at specific services is also addressed. Examples of child welfare service-specific effectiveness measures are included that could be adapted for use by state child welfare administrators interested in assessing service outcomes.

State agencies that are interested in developing and increasing their evaluation capability have a wide range of techniques available. Because clarification of goals and objectives is essential before effective evaluation can be conducted, states often find that technical assistance to localities is a necessary first step. Three publications will be briefly reviewed that provide examples of innovative approaches to assist localities in developing their evaluation capability.

The Local Child Welfare Services Self-Assessment Manual, developed by The Urban Institute under contract with the U.S. Children's Bureau, is available to provide local agencies with a systematic method for reviewing their services and agency practice. The Local Manual provides a method for agencies to document problems and reasons for change, to alert staff to agency strengths and weaknesses, to facilitate discussion of service delivery issues among staff, and to provide baseline data as measures for evaluating changes and documenting progress in services and programs. Single copies of Part I - Checkists, and Part II - Resources may be obtained by writing to:

Publications Unit
The U.S. Children's Bureau
Post Office Box 1182
Washington, D.C. 20013

Multiple copies may be purchased from:

U.S. Government Printing Office
Superintendent of Documents
Washington, D. C. 20402

1/ See Annie Millar, Harry Hatry and Margo Koss, Monitoring the Outcomes of Social Services, Vols. I and II. (Washington, D.C.: The Urban Institute, 1977), p. x.

Please use these exact title when ordering:

The Local Child Welfare Services Self-
Assessment Manual: Part I - Checklists
DHEW Publication No. (OHDS) 79-30177

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The Local Child Welfare Services Self-
Assessment Manual: Part II - Resources
DHEW Publication No. (OHDS) 79-30176

Another approach to evaluation is the ministudy, a brief form of applied research in which an investigator uses a programmed kit to secure information and evidence for given social services objectives.1/ Originally conceptualied by the Study and Research Committee of the Wisconsin Public Welfare Association, the kit guides investigators in a process involving both program and research functions: (1) to select issues, pending decisions, program goals or other aspects of their program experience for which information and evidence might have a practical value; (2) to identify substantive (informational) and strategic program objectives to be attained by doing the research; (3) to involve persons and organizations interested in the potential consequences of the study in the choice of information and evidence; (4) to collect, compile, and analyze data; (5) to involve the research consumers in an evaluation of the data before final conclusions are reached; and (6) to prepare and disseminate a report of the study.2/ Programmed kits of this type for conducting small research studies could provide an economical strategy to assist localities in upgrading their evaluation capability.

The Minnesota Department of Public Welfare conducted a social service consumer response survey in eleven counties in 1974. 3/ An 80 page publication was prepared that may be useful to states to encourage local agencies/offices to conduct consumer surveys. A sample of the complete questionnaire, and the analyses and interpretation of data are included. The document can be obtained free of charge from:

Monitoring and Evaluation Division
State of Minnesota
Department of Public Welfare
Centennial Office Building
St. Paul, Minnesota 55155

1/ See Melvin N. Brenner, "The Quest for Viable Research in Social Services: Development of the Ministudy," Social Service Review 50:3 (September 1976), pp. 426-444.

2/ Ibid., p. 427.

3/ Social Service Consumer Response Survey. (St. Paul, Minnesota: Monitoring and Evaluation Division, Department of Public Welfare, State of Minnesota, 1974).

EVALUATION: UTILIZATION OF EVALUATION RESULTS

A major issue for evaluators involves the extent to which evaluation results are actually used in making program decisions. Four major barriers to the use of evaluation results to improve programs have been identified.1/ These are briefly discussed below, followed by recommendations directed toward increasing dissemination and utilization.

Lack of clarity in objectives for the evaluation function as well as for the particular program evaluation studies may result in evaluative questions being unrelated to the critical policy and program issues. Greater involvement of child welfare program specialists, from both state and local levels, in the planning and development of measures and criteria can bring about improved specification of objectives.

Methodological problems are a serious issue in the measurement of social programs. Policy makers and administrators ofen distrust results of poorly designed and executed studies. Wholey suggests that such an evaluation is a wasted exercise. Investment should be made in experienced staff, as well as development of rigorous research methods and carefully designed studies.

Overinvestment in the status quo, or organizational inertia, impedes change. If the focus of evaluation is on justification of programs and present allocation of resources, there will be a few attempts to improve programs or overall administration. Although staff of evaluated progams should be involved in the process, Wholey observes that the use of unbiased evaluators focusing on the need for improvement and making recommendations for change can best deal with this tendency to resist change.

Lack of appropriate and varied channels to disseminate evaluation findings often results in the relevant decision-makers not having access to crucial information. Dissemination should occur both formally, through regularly published materials, and through informal contact. The evaluation work plan should reflect the needs of program budget and planning staff, as well as administrators. Evaluation staff should ensure that evaluation results are available for consideration in the budget preparation and legislative process. Regular follow-up by evaluation staff may be necessary to determine whether evaluation findings have been considered and recommended changes implemented. Evaluation staff may also be responsible to provide technical assistance in interpreting data and implementing indicated changes in programs. Wholey further recommends that a clearinghouse of evaluation plans, completed studies, brief summaries and critical reviews be developed.

A utilization-focused evaluation approach is proposed by Patton.2/ This approach is neither a formal model nor a recipe for how to conduct evaluation research within human service organizations. Calling this orientation a set of options, Patton offers the following outline to evaluators:

1/ Wholey et al., Federal Ealuation Policy (Washington, D.C.: The Urban Institute 1973).

2/ Michael Quinn Patton, Utilization-Focused Evaluation (Beverly Hills, California: Sage Publications, Inc., 1978).

1. Identify and organize relevant decision-makers and information users.

2. Identify and focus relevant evaluation questions.

3. Select evaluation methods that generate useful information for identified and organized decision-makers and information users.

CONCLUSIONS

In recent years, the status and effectiveness of child welfare programs have been negatively affected by a number of factors including: (1) diffusion of authority at federal, state and local levels resulting from recent reorganizations; (2) the lack of a powerful constituency pressing for improved services for children and their families; and (3) difficulties inherent in the management of multiple units designed at local, county and state levels to achieve child welfare related goals and objectives. At the same time, social services administrators are feeling continuing pressure for accountability, intensified by the demands of taxpayers for reduced government spending. In a highly politicized environment plagued by dwindling resources, administrators are hard pressed for a way to efficiently document program quality and administrative performance.

Major differences in legislation, social and fiscal policies, and client characteristics exist both among and within states. A single ideal management model is neither appropriate nor desirable. Continued critical examination of mangement processes and outcomes, however, is essential if program administrators are to make informed decisions.

This mangement section is an administrative tool to systematically assess management functions while at the same time reviewing guidance material and recent research that may be directly linked to the deficiencies surfaced by the self-assessment. As the management process is traced through the PRIME functions, emphasis is placed on the multiple roles and responsibilities of the state agency to guide and support local agencies in achieving child welfare goals and objectives, as well as to mandate and enforce quality service provision.

Management

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STATE CHILD WELFARE PROGRAM
SELF-ASSESSMENT MANUAL

III. PREVENTIVE SERVICES

CHECKLIST

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

III. PREVENTIVE SERVICES
Checklist

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INTRODUCTION

The State Child Welfare Program Self-Assessment Manual contains seven major sections. The first section (I) provides an introduction to the Manual, its conceptual framework, contents and use. The second section (II) addresses five management functions: Planning, Resource Development, Implementation, Monitoring, and Evaluation (which we have termed the PRIME system). The next five sections (III - VII) cover five child welfare program areas: Preventive Services, Protective Services, Foster Family Care, Residential/Group Care, and Adoption. The child welfare programs are organized within the context of the five management functions (PRIME).

The first part of the management section (Section II) and of the five child welfare program sections (Sections III - VII) consists of a self-assessment checklist. Accompanying each checklist are resource sections that highlight relevant research findings and provide a bibliography.

Definition of Preventive Services

The purpose of preventive services is to promote the social growth and development of children and the well-being of their families. This may be achieved through the prevention or reduction of adverse environmental effects and by services directed toward early intervention with high risk families within the community. Though all families may benefit from preventive services, target populations consist of high risk families within the community who, for example, are not under protective supervision but who are likely to neglect or abuse their children. Community education, family and legislative advocacy, outreach programs, family planning services, homemaker service, day care, and services to pregnant teenagers and unmarried parents are examples of preventive interventions.

The organization of these diverse preventive services in a separate section of the Manual does not imply that service delivery systems should necessarily be structured in a similar way. The Manual's approach is intended to clarify the goal of prevention as it relates to the child welfare service delivery system, and to focus on the state's responsibility to provide preventive services to children and their families. The person who has major responsibility for public child welfare services within the state, region, or county should complete the preventive services checklist. Others who would be appropriate to assist, on committees or through consultation, include: protective services specialists, community development specialists, family development specialists, and in-home or preventive/rehabilitative services specialists.

Definitions of Management Functions

Planning is the process of developing future directions for programs and services based on analysis of past and present conditions. Topics included in this management function are the systematic assessment of need for services; the development of clear and measurable goals and objectives for child welfare programs, and the projection of resource requirements necessary for achieving program goals.

Resource Development includes those activities necessary to the development of personnel, facilities and funding to support the delivery of services as planned. Topics discussed include coordination of services, allocation of available resources through purchase of service and recruitment, financial administration, and public information activities.

Implementation refers to those activities through which the state agency provides management assistance to enable local social service agencies/offices to provide services. Topics included in this function are development and dissemination of standards, guidelines and licensing requirements, personnel administration, and staff development and training.

Monitoring refers to those activities by which the state administrator determines whether what is supposed to occur does in fact occur. Included in this function are collecting data, monitoring the provision of services, licensing activities, and using monitoring findings.

Evaluation refers to the methods, procedures, and processes used by the state agency to determine the effectiveness and efficiency of child welfare programs and services. Effectiveness is measured by determining the extent to which the program and service are meeting the objectives; efficiency is measured by the costs of achieving objectives relative to the resources expended. The purpose of evaluation is to provide objective information and analyses to help administrators and others improve their ability to make program management decisions. Topics covered in this section include organization of evaluation activities, conduct of evaluation, and utilization of evaluation findings.

Instructions for Completing the Checklist

This checklist includes a set of goals, criterion questions, and scoring materials. The validity of the self-assessment depends on frank and accurate responses. In answering the questions, draw upon your professional judgment, relevant agency data, records and reports. The term "you" in certain criterion questions is equivalent to state agency responsibility (e.g., "Do you provide supporting documentation of need in making budget requests?"). "State agency" is used in a generic sense to refer to the central division and/or department at the state or county level that is responsible for child welfare services.

The Preventive Services Checklist should be completed by the state or county child welfare program administrator or other individual who has responsibility for all child welfare services. Others who would be appropriate to assist in completing the preventive services checklist include: In-Home or Preventive Service Specialists; Child and Family Development Specialists; Community Development Specialists; Child Day Care Specialists; Family Planning Specialists; and Protective Services Specialists.

To obtain the self-assessment scores for this checklist, please follow the instructions below:

1. Read the goals and accompanying criterion questions.
2. Answer each criterion question by checking (✓) "YES" or "NO".
3. Some criterion questions request specific data. For these "If yes, ...? _____" questions, retrieve and enter the data.
4. Compute the Goal Achievement Score on page III-17 to obtain the state's score for the first function, (Planning).
5. Repeat steps 1-4 for each of the remaining four management functions (Resource Development, Implementation, Monitoring and Evaluation) covered in the checklist.
6. Instructions are given on page III-45 for obtaining the state's program management score and the visual profile depicting the scores for the five management functions.
7. Return the Goal Achievement Program Summary to your child welfare program administrator or other individual responsible for coordinating the self-assessment process.

PREVENTIVE SERVICES GOALS

This section includes fourteen (14) goals related to the management of preventive service programs. Each goal covers one of five management functions: Planning, Resource Development, Implementation, Monitoring and Evaluation.

Planning (P) Goals

III-P-1 The state agency ensures that the need for preventive services is assessed on a planned, periodic basis.

III-P-2 The state agency develops goals and objectives for preventive services for children and their families.

III-P-3 The state agency develops a plan for preventive services that projects future resource requirements to meet established goals.

Resource Development (R) Goals

III-R-1 The state agency makes provisions to ensure the coordination of preventive services with other agencies and programs that serve children and their families.

III-R-2 The state assists local agencies/offices to acquire sufficient preventive services and resources to meet the determined need.

III-R-3 The state agency informs the public of the preventive service needs of children and their families and the availability of services.

Implementation (I) Goals

III-I-1 The state agency develops and disseminates standards, guidelines and licensing requirements for preventive services.

III-I-2 The state agency provides staff development and training to local agencies/offices providing preventive services.

Monitoring (M) Goals

III-M-1 The state agency collects data necessary to carry out preventive services monitoring activities.

III-M-2 The state agency monitors the provision of preventive services.

III-M-3 The state agency uses monitoring findings to help agencies correct deficiencies and improve preventive services.

III-M-4 The state monitors purchase of service contract administration and determines compliance with licensing requirements.

Evaluation (E) Goals

III-E-1 The state agency evaluates the effectiveness and efficiency of preventive services.

III-E-2 The state agency promotes the use of evaluation results.

III. PREVENTIVE SERVICES

Planning - Needs Assessment

Goal III-P-1: The state agency ensures that the need for preventive services is assessed on a planned, periodic basis.

Criterion Questions:

1. Is there a written procedure for conducting assessments of need for preventive services as they are defined in your state or region? ____ YES ____ NO

2. Have you developed clear definitions of preventive services? ____ YES ____ NO

3. Do you have a clear definition of the problem conditions that are to be prevented or alleviated by the provision of preventive services? ____ YES ____ NO

4. Is there a unit or individual that conducts needs assessment studies for preventive services? ____ YES ____ NO

5. Do you use more than one methodology in conducting needs assessment studies (e.g., citizen survey, key informant, client services data, secondary sources)? ____ YES ____ NO

6. Do you conduct these studies on a planned periodic basis? ____ YES ____ NO

   If yes, how often? ____________

7. Have you defined the information needed in order to plan for preventive services? ____ YES ____ NO

8. Does this information include the following (for the state or region):

   a. The incidence of child abuse and/or neglect? ____ YES ____ NO

      If yes, what is it? ____________

   b. The annual reincidence rate (i.e., number of reopened child welfare cases)? ____ YES ____ NO

      If yes, what is it? ____________

Criterion Questions: (cont'd)

c. The illegitimate birth rate?

____ YES ____ NO

If yes, what is it? ______________

d. The number of families receiving AFDC payments?

____ YES ____ NO

If yes, what is the number? ____________

e. The unemployment rate?

____ YES ____ NO

If yes, what is it? _____________

f. Teenage fertility rate patterns?

____ YES ____ NO

g. An estimate of the number of single parent families?

____ YES ____ NO

h. An estimate of the number of high risk families (as defined by the state) in the community?

____ YES ____ NO

9. Does your needs assessment process include a method for obtaining input from relevant community groups (e.g., consumers of services, local service providers and child advocacy groups)?

____ YES ____ NO

10. When possible, do you coordinate your needs assessment studies with those conducted by other state agencies or organizations?

____ YES ____ NO

11. Do you analyze the needs assessment data you collect to:

a. Identify the unmet need for preventive services?

____ YES ____ NO

b. Determine the potential of existing resources to meet the need for services?

____ YES ____ NO

III. PREVENTIVE SERVICES

Planning - Goal Setting

Goal III-P-2: The state agency develops goals and objectives for preventive services for children and their families.

Criterion Questions:

1. Do you have a formal procedure for setting statewide goals and objectives for preventive services?
   ____ YES ____ NO

   If yes, how often is this done? ________

2. Have you established at a minimum, the following goals or objectives for preventive services:

   a. To promote the social and emotional welfare of children and their families?
   ____ YES ____ NO

   b. To increase self-referrals to outreach and support programs?
   ____ YES ____ NO

   c. To reduce the incidence of child abuse and neglect?
   ____ YES ____ NO

   d. To reduce unnecessary removal of children from their homes?
   ____ YES ____ NO

3. Are state child welfare specialists involved in setting preventive services goals and objectives?
   ____ YES ____ NO

4. Do you regularly obtain input from line child welfare staff in formulating program goals and objectives?
   ____ YES ____ NO

5. Are all preventive services goals and objectives consistent with:

   a. Federal Standards on Prevention and Treatment of Abuse and Neglect?
   ____ YES ____ NO

   b. Child Welfare League of America standards?
   ____ YES ____ NO

   c. Accepted professional practice?
   ____ YES ____ NO

III. PREVENTIVE SERVICES

Planning - Goal Setting

Criterion Questions: (cont'd)

6. Do you use needs assessment findings in developing goals and objectives? ____ YES ____ NO

7. Do goal statements include a time schedule for goal achievement? ____ YES ____ NO

8. Are goals realistic and achievable as stated? ____ YES ____ NO

9. Do you use indicators to determine the extent to which goals have been achieved? ____ YES ____ NO

10. Do you have a formal method for prioritizing preventive service goals? ____ YES ____ NO

11. Do you review goals and objectives on a periodic basis to determine whether they are still applicable? ____ YES ____ NO

III. PREVENTIVE SERVICES

Planning - Projecting Resource Needs

Goal III-P-3: The state agency develops a plan for preventive services that projects future resource requirements to meet established goals.

Criterion Questions:

1. Do you have a plan that projects preventive services resource requirements (e.g., personnel, facilities and equipment, funding) on an annual or biennial basis?
   ____ YES ____ NO

2. Do you use needs assessment data in projecting future resource requirements?
   ____ YES ____ NO

3. Does your plan include resource projections to meet the service needs of the following groups:

   a. Urban populations?
      ____ YES ____ NO

   b. Rural populations?
      ____ YES ____ NO

   c. Minority families (Blacks, Native Americans, Hispanics, Asians)?
      ____ YES ____ NO

   d. Migrant families?
      ____ YES ____ NO

   e. Military families?
      ____ YES ____ NO

   f. Handicapped children and their families (e.g., mentally retarded, physically handicapped, emotionally disturbed)?
      ____ YES ____ NO

   g. Other groups of children and their families (e.g., status offenders and runaways, pregnant teenagers, single parents, adjudicated delinquents)?
      ____ YES ____ NO

4. Have you analyzed the policy implications of your preventive services plan in regard to:

   a. Availability of qualified personnel?
      ____ YES ____ NO

   b. Possible statutory constraints?
      ____ YES ____ NO

   c. Political constraints?
      ____ YES ____ NO

Criterion Questions: (cont'd)

d. Community values and norms?

____ YES ____ NO

e. Financial constraints?

____ YES ____ NO

5. If needs assessment data indicate that preventive services needs are not fully met, does your plan include ways to correct the deficiency?

____ YES ____ NO

6. Do you use the findings of evaluation studies in developing your plan for preventive services?

____ YES ____ NO

Goal Achievement Score: Planning function of the PREVENTIVE SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
III-P-1	________	divided by 19 =	________
III-P-2	________	divided by 16 =	________
III-P-3	________	divided by 16 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = $\boxed{\quad\quad \%}$

(Your state's Goal Achievement Score

on the Planning function of the

PREVENTIVE SERVICES Program)

III. PREVENTIVE SERVICES

Resource Development - Through Coordination of Services

Goal III-R-1: The state agency makes provisions to ensure the coordination of preventive services with other agencies and programs that serve children and their families.

Criterion Questions:

1. Do you have a person, unit or group responsible for coordination of preventive services?
   ____ YES ____ NO
2. Do you arrange for exchange of information among agencies providing child welfare services and those providing other social services (Medicaid, food stamps, AFDC, etc.)?
   ____ YES ____ NO
3. Have you developed policies and procedures for sharing information, where legally possible, on individual clients and families among referring agencies?
   ____ YES ____ NO
4. Do you have an advisory committee that assists the state in coordinating the provision of child welfare services?
   ____ YES ____ NO
5. Does this committee include representatives from the following groups?
   a. Private or voluntary organizations?
      ____ YES ____ NO
   b. Volunteer groups?
      ____ YES ____ NO
   c. Professional associations?
      ____ YES ____ NO
   d. Citizen and consumer groups?
      ____ YES ____ NO
6. Do you have written agreements regarding service responsibilities with each state agency that serves children and their families (e.g., mental health, public health, juvenile justice, voluntary sector)?
   ____ YES ____ NO

III. PREVENTIVE SERVICES

Resource Development - Through Coordination of Services

Criterion Questions: (cont'd)

7. Do you assist local public social services agencies to develop cooperative agreements with:

   a. Public health departments? ___ YES ___ NO

   b. Community mental health centers? ___ YES ___ NO

   c. Drug and alcohol clinics? ___ YES ___ NO

   d. Volunteer groups and community service organizations? ___ YES ___ NO

   e. Family service agencies? ___ YES ___ NO

   f. Public assistance casework units? ___ YES ___ NO

   g. Schools? ___ YES ___ NO

   h. Hospitals and clinics? ___ YES ___ NO

   i. Police departments and other law enforcement agencies? ___ YES ___ NO

8. Do inter-agency cooperative agreements include provisions for:

   a. Making inter-agency referrals? ___ YES ___ NO

   b. Feedback to referring agency on whether clients make contact? ___ YES ___ NO

   c. Annual review of agreements? ___ YES ___ NO

   d. Joint funding of projects, where applicable? ___ YES ___ NO

   e. Joint staff development, where appropriate? ___ YES ___ NO

9. Do you provide written guidelines to all local agencies/offices on the use of inter-agency agreements? ___ YES ___ NO

10. Do you determine whether guidelines are followed by local agencies/offices? ___ YES ___ NO

III. PREVENTIVE SERVICES

Resource Development - Through Coordination of Services

Criterion Questions: (cont'd)

11. Do you maintain a statewide directory of available services and resources for children and their families? ____ YES ____ NO

    If yes, how often is the directory updated?

    ____

12. Do you disseminate this directory throughout the state? ____ YES ____ NO

13. Do you provide assistance to local agencies/offices in developing a local directory of services and resources? ____ YES ____ NO

14. Do you request regular feedback from local agencies/offices regarding the usefulness of these directories? ____ YES ____ NO

III. PREVENTIVE SERVICES

Resource Development - Through Purchase and Recruitment

Goal III-R-2: The state agency assists local agencies/offices to acquire sufficient preventive services and resources to meet the determined need.

Criterion Questions:

PURCHASE OF SERVICES

1. Is there one person or unit at the state office who is responsible for providing technical assistance to local agencies/offices regarding purchase of services?
   ____ YES ____ NO

2. Have you developed criteria for deciding which services will be provided directly and which services will be purchased?
   ____ YES ____ NO

3. In making a decision to purchase services, are the following variables considered:
   a. Reasonable cost?
   ____ YES ____ NO
   b. Demonstrated capability and experience?
   ____ YES ____ NO
   c. Sound financial management?
   ____ YES ____ NO
   d. Quality of service?
   ____ YES ____ NO

4. Do you use a competitive bidding process, if appropriate, for deciding from which providers services will be purchased?
   ____ YES ____ NO

5. Does your reimbursement procedure for purchased services include definitions of:
   a. Units of service?
   ____ YES ____ NO
   b. Unit cost for each service?
   ____ YES ____ NO
   c. Acceptable quality of services?
   ____ YES ____ NO

III. PREVENTIVE SERVICES

Resource Development - Through Purchase and Recruitment

Criterion Questions: (cont'd)

RECRUITMENT

6. Do you assist local agencies/offices to develop sufficient service resources to meet identified need?

   ____ YES ____ NO

7. Do you recruit, or assist in the recruitment of, the following specialists to provide services to child welfare clients (on a fee basis, if necessary):

   a. Physicians (including psychiatrists)? ____ YES ____ NO

   b. Psychologists? ____ YES ____ NO

   c. Dentists? ____ YES ____ NO

   d. Attorneys? ____ YES ____ NO

   e. Educational specialists? ____ YES ____ NO

   f. Family therapists? ____ YES ____ NO

8. Do you provide local agencies/offices with promotional materials to assist them in recruiting needed resources?

   ____ YES ____ NO

9. Do you collaborate with child and family advocacy groups in your state?

   ____ YES ____ NO

10. Do you encourage local agencies/offices to use volunteers (e.g., in community outreach programs, self-help groups)?

    ____ YES ____ NO

11. Do you assess the effectiveness of local agencies/offices' recruitment activities?

    ____ YES ____ NO

III. PREVENTIVE SERVICES

Resource Development - Through Public Information

Goal III-R-3: The state agency informs the public of the preventive service needs of children and their families and the availability of services.

Criterion Questions:

1. Do you have an individual or unit responsible for informing the public regarding preventive services? ____ YES ____ NO

2. Do you meet regularly with the following groups to inform them of the needs of children and their families and the services available:

   a. Legislators and legislative committees? ____ YES ____ NO

   b. Community groups? ____ YES ____ NO

   c. Child and family advocacy groups? ____ YES ____ NO

   d. Professional organizations interested in the welfare of children in your state? ____ YES ____ NO

3. Do you respond promptly to requests for information from the public (e.g., legislators and the media)? ____ YES ____ NO

4. Do you utilize the following methods to provide information to the public:

   a. Television and radio spots? ____ YES ____ NO

   b. Newspapers? ____ YES ____ NO

   c. Pamphlets and brochures? ____ YES ____ NO

   d. Films and slides? ____ YES ____ NO

   e. Billboards and posters? ____ YES ____ NO

   f. Presentations by child welfare staff and volunteers? ____ YES ____ NO

III. PREVENTIVE SERVICES

Resource Development - Through Public Information

Criterion Questions: (cont'd)

5. Do you ensure that local agencies provide specific information to the public on the following:

   a. Preventive services that are available in the community?

   ____ YES ____ NO

   b. Access to service (such as how to join a self-help group, how to obtain a Foster Grandparent or Big Brother, etc.)?

   ____ YES ____ NO

   c. Use of volunteers in preventive services?

   ____ YES ____ NO

6. Do you specifically target your public information to the following:

   a. School personnel?

   ____ YES ____ NO

   b. Child care/day care personnel?

   ____ YES ____ NO

   c. Physicians?

   ____ YES ____ NO

   d. Voluntary agency staff?

   ____ YES ____ NO

   e. Citizens and consumers?

   ____ YES ____ NO

Goal Achievement Score: Resource Development function of the PREVENTIVE SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
III-R-1	________	divided by 29 =	________
III-R-2	________	divided by 21 =	________
III-R-3	________	divided by 20 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = $\boxed{\quad\quad \%}$

(Your state's Goal Achievement Score

on the Resource Development function of

the PREVENTIVE SERVICES Program)

III. PREVENTIVE SERVICES

Implementation - Standards

Goal III-I-1: The state agency develops and disseminates standards, guidelines and licensing requirements for preventive services.

Criterion Questions:

1. Do you have standards, guidelines and licensing requirements for preventive services (e.g., day care, homemaker services, family counseling)?

   ____ YES ____ NO

2. Do you regularly review standards, guidelines and licensing requirements to ensure that they are consonant with the following:

   a. Federal and state legislation regarding these services?

   ____ YES ____ NO

   b. Community norms and values?

   ____ YES ____ NO

   c. Practice guidelines established by professional organizations?

   ____ YES ____ NO

3. Are the following services available to all child welfare clients throughout your state or region:

   a. Information and referral?

   ____ YES ____ NO

   b. Crisis intervention? (hot lines, outreach and walk-in centers, etc.)

   ____ YES ____ NO

   c. Transportation?

   ____ YES ____ NO

   d. Parent education?

   ____ YES ____ NO

   e. Family planning services?

   ____ YES ____ NO

   f. Emergency financial aid?

   ____ YES ____ NO

   g. Counseling services (individual, family and group)?

   ____ YES ____ NO

   h. Day care?

   ____ YES ____ NO

   i. Diagnostic services?

   ____ YES ____ NO

III. PREVENTIVE SERVICES

Implementation - Standards

Criterion Questions: (cont'd)

j. Health services? ____ YES ____ NO

k. Homemakers? ____ YES ____ NO

l. Self-help support groups? ____ YES ____ NO

m. Services to unmarried parents? ____ YES ____ NO

4. Within the past year, have you requested input regarding the impact of standards and licensing requirements on service provision from:

a. Public agencies? ____ YES ____ NO

b. Private agencies? ____ YES ____ NO

c. Citizens and consumers? ____ YES ____ NO

5. Where applicable, do standards reference the legislation on which they are based? ____ YES ____ NO

6. Do you advocate for or against state bills, based on your review of pending child welfare legislation? ____ YES ____ NO

III. PREVENTIVE SERVICES

Implementation - Staff Development and Training

Goal III-I-2: The state agency provides staff development and training to local agencies/offices providing preventive services.

Criterion Questions:

1. Do you have a method of identifying the staff development and training needs of local agencies/offices?

   ____ YES ____ NO

2. Is there a person or unit responsible for coordinating and providing staff development and training in areas of identified need?

   ____ YES ____ NO

3. Do you inform every local agency/office of the person at the state level who is responsible for providing information on staff development and training activities?

   ____ YES ____ NO

4. Do you use federal matching funds for training of child welfare staff?

   ____ YES ____ NO

5. Do you provide specialized training programs in prevention for child welfare staff?

   ____ YES ____ NO

6. Are staff development and training opportunities available in agencies from which you purchase services?

   ____ YES ____ NO

7. Do you assist colleges and universities in developing course work relevant to preventive services?

   ____ YES ____ NO

8. Do you provide funds for:

   a. Staff to attend university workshops, seminars and courses?

      ____ YES ____ NO

   b. Educational leave for graduate training?

      ____ YES ____ NO

   c. Participation in professional conferences and meetings?

      ____ YES ____ NO

III. PREVENTIVE SERVICES

Implementation - Staff Development and Training

Criterion Questions: (cont'd)

9. Do you work with local staff:

   a. To set training priorities? ____ YES ____ NO

   b. To design in-service training programs? ____ YES ____ NO

   c. To disseminate new training materials for preventive services staff? ____ YES ____ NO

10. Do you require all staff delivering preventive services to participate in at least one in-service training program each year? ____ YES ____ NO

11. Do you assess your staff development and training programs in the following ways:

    a. Number of training programs offered? ____ YES ____ NO

    b. Number of staff attending? ____ YES ____ NO

    c. Systematic feedback regarding satisfaction with the programs? ____ YES ____ NO

Goal Achievement Score: Implementation function of the PREVENTIVE SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
III-I-1	________	divided by 22 =	________
III-I-2	________	divided by 17 =	________
		Total =	________

Total multiplied by $\frac{100}{2}$ = $\boxed{\quad\quad \%}$

(Your state's Goal Achievement Score

on the Implementation function of the

PREVENTIVE SERVICES Program)

III. PREVENTIVE SERVICES

Monitoring - Data Collection

Goal III-M-1: The state agency collects data necessary to carry out preventive services monitoring activities.

Criterion Questions:

1. Do you have resources to collect the data to meet your monitoring objectives, including:

    a. Management information system? ____ YES ____ NO

    b. Data processing capability? ____ YES ____ NO

    c. Clerical and support staff? ____ YES ____ NO

    d. Analytic staff? ____ YES ____ NO

    e. Staff to conduct site visits? ____ YES ____ NO

2. Is there one individual or unit that is responsible for collecting monitoring data on preventive services activities? ____ YES ____ NO

3. Are local staff involved in:

    a. Decisions regarding which data are to be collected? ____ YES ____ NO

    b. Decisions regarding frequency of reporting? ____ YES ____ NO

    c. Establishment of procedures for collecting data? ____ YES ____ NO

    d. Development of data reporting forms? ____ YES ____ NO

4. Do you use all data that are collected? ____ YES ____ NO

5. Do you consolidate reporting requirements to eliminate duplication? ____ YES ____ NO

III. PREVENTIVE SERVICES

Monitoring - Data Collection

Criterion Questions: (cont'd)

6. Are reporting forms regularly reviewed to:

   a. Update data requirements? ____ YES ____ NO

   b. Delete obsolete items? ____ YES ____ NO

7. Do you always inform local staff of the reasons for changes in reporting requirements? ____ YES ____ NO

8. Do you make periodic site visits to:

   a. Review a sample of case records? ____ YES ____ NO

   b. Observe the accuracy of data collection procedures? ____ YES ____ NO

9. Do you give local agencies/offices summaries of relevant data they have reported? ____ YES ____ NO

   If yes, how often? ____________

10. At a minimum, do you collect data on the following:

    a. Client demographic characteristics? ____ YES ____ NO

    b. Primary reasons for service? ____ YES ____ NO

    c. Services provided? ____ YES ____ NO

    d. Source of services? ____ YES ____ NO

    e. Reasons for case closing? ____ YES ____ NO

    f. Case reopening rate? ____ YES ____ NO

III. PREVENTIVE SERVICES

Monitoring - Service Provision

Goal III-M-2: The state agency monitors the provision of preventive services.

Criterion Questions:

1. Is there an individual or unit responsible for:
   - a. Conducting monitoring activities? ____ YES ____ NO
   - b. Analyzing the data on services provided? ____ YES ____ NO
2. Do you use objective measures to identify deficiencies in:
   - a. Program management? ____ YES ____ NO
   - b. Service delivery? ____ YES ____ NO
   - c. Facilities? ____ YES ____ NO
3. Do you periodically review a random sample of local agency case records? ____ YES ____ NO
4. Do your monitoring activities enable you to identify:
   - a. The number of children receiving each type of service that you provide? ____ YES ____ NO
   - b. Average length of care by service? ____ YES ____ NO
   - c. Whether every child and family has a written case plan? ____ YES ____ NO
   - d. Whether case plans are reviewed every six months? ____ YES ____ NO
   - e. Whether appropriate service decisions are being made by caseworkers in local agencies/offices? ____ YES ____ NO

III. PREVENTIVE SERVICES

Monitoring - Service Provision

Criterion Questions: (cont'd)

5. Do you provide assistance to local agencies in monitoring:

   a. Purchase of service contracts? ___ YES ___ NO

   b. Licensed facilities to ensure compliance? ___ YES ___ NO

6. Do you provide assistance to local agencies in conducting their licensing activities? ___ YES ___ NO

III. PREVENTIVE SERVICES

Monitoring - Utilization of Findings

Goal III-M-3: The state agency uses monitoring findings to help agencies correct deficiencies and improve preventive services.

Criterion Questions:

1. Do you give local agencies/offices summaries of relevant data they have reported?
   ___ YES ___ NO

2. Do you inform local agencies/offices in writing of the positive and negative findings of your monitoring activities?
   ___ YES ___ NO

3. Do you determine the reason for agency deficiencies?
   ___ YES ___ NO

4. Is there a formal procedures for agencies to follow in responding to a report of negative findings?
   ___ YES ___ NO

5. Do you offer recommendations to help agencies correct deficiencies and improve services?
   ___ YES ___ NO

6. Do you provide technical assistance and consultation to enable agencies to correct deficiencies and improve services?
   ___ YES ___ NO

III. PREVENTIVE SERVICES

Monitoring - Purchase of Service and Licensing

Goal III-M-4: The state agency monitors purchase of service contract administration and determines compliance with licensing requirements.

Criterion Questions:

PURCHASE OF SERVICE

1. Is there one individual or unit responsible for monitoring purchase of service contracts? ____ YES ____ NO

2. Do contracts specify the requirements for acountability of both the purchaser and provider of services? ____ YES ____ NO

3. Do contract monitoring procedures include:

   a. Monthly progress reports by provider? ____ YES ____ NO

   b. Periodic on-site monitoring? ____ YES ____ NO

   c. Statement of corrective action to be taken in cases of non-compliance? ____ YES ____ NO

4. Does the state agency reserve the right to audit the accounts of facilities from which it purchases services? ____ YES ____ NO

LICENSING

5. Is there one individual or unit responsible for monitoring compliance with licensing requirements? ____ YES ____ NO

6. Do you have written procedures specifying the conditions under which licenses are:

   a. Granted? ____ YES ____ NO

   b. Denied? ____ YES ____ NO

   c. Revoked? ____ YES ____ NO

   d. Suspended? ____ YES ____ NO

III. PREVENTIVE SERVICES

Monitoring - Purchase of Service and Licensing

Criterion Questions: (cont'd)

7. Do you give agencies that are out of compliance a specified time period to take corrective action?

____ YES ____ NO

8. Do you offer recommendations to help agencies/ facilities correct deficiencies?

____ YES ____ NO

9. Are there procedures for filing an appeal against denial or revocation of licenses?

____ YES ____ NO

Goal Achievement Score: Monitoring function of the PREVENTIVE SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
III-M-1	________	divided by 24 =	________
III-M-2	________	divided by 14 =	________
III-M-3	________	divided by 6 =	________
III-M-4	________	divided by 14 =	________
		Total =	________

Total multiplied by $\frac{100}{4}$ = $\boxed{\quad\quad \%}$

(Your state's Goal Achievement Score

on the Monitoring function of the

PREVENTIVE SERVICES Program)

III. PREVENTIVE SERVICES

Evaluation - Conduct of Evaluation Studies

Goal III-E-1: The state agency evaluates the effectiveness and efficiency of preventive services.

Criterion Questions:

1. Before formal program evaluations are initiated, are preventive services assessed to determine whether:
    a. Goals and/or objectives are stated in measurable terms? ___ YES ___ NO
    b. A data collection system has been established ? ___ YES ___ NO
    c. Descriptive program data are routinely collected? ___ YES ___ NO
    d. Outcome measures have been established? ___ YES ___ NO
2. Do evaluation staff recommend necessary changes if the above criteria (a-d) for evaluating services are inadequate or missing? ___ YES ___ NO
3. Are evaluation studies conducted to:
    a. Determine whether preventive services are achieving their stated goals and objectives? ___ YES ___ NO
    b. Compare the outcomes (i.e., extent of goal achievement) of preventive services in different parts of the state or region? ___ YES ___ NO
4. Have units of service been defined for preventive services? ___ YES ___ NO
5. Are there procedures for computing costs of units of service? ___ YES ___ NO

III. PREVENTIVE SERVICES

Evaluation - Conduct of Evaluation Studies

Criterion Questions: (cont'd)

6. Are cost analysis studies conducted to:

   a. Determine the cost of achieving desired outcomes?

   ____ YES ____ NO

   b. Determine the cost effectiveness of alternative programs?

   ____ YES ____ NO

7. Is there a plan to evaluate all preventive service programs?

   ____ YES ____ NO

8. Are new preventive services and demonstration projects designed to include an evaluation component?

   ____ YES ____ NO

9. Is technical assistance provided to local agencies/offices in designing and conducting preventive services research studies?

   ____ YES ____ NO

10. Does the state agency encourage local agencies/offices to conduct.

    a. Self-assessment activities?

    ____ YES ____ NO

    b. Surveys of client satisfaction with services?

    ____ YES ____ NO

III. PREVENTIVE SERVICES

Evaluation - Utilization of Evaluation Results

Goal III-E-2: The state agency promotes the use of evaluation results.

Criterion Questions:

1. Are findings of evaluation studies presented to key individuals including:

   a. Program staff? ____ YES ____ NO

   b. Program administrators? ____ YES ____ NO

   c. Legislators? ____ YES ____ NO

2. Are various methods used to disseminate evaluation results (e.g., memos, printed reports, briefings, direct contact)? ____ YES ____ NO

3. Are findings of evaluation studies made available to decision makers when program and budget decisions are being made? ____ YES ____ NO

4. Do evaluation reports include:

   a. Recommendations for change? ____ YES ____ NO

   b. Action steps necessary to implement the change? ____ YES ____ NO

5. Are program staff encouraged to respond in writing to evaluation reports regarding:

   a. Their interpretation of evaluation findings? ____ YES ____ NO

   b. Their recommendations for changes? ____ YES ____ NO

III. PREVENTIVE SERVICES

Evaluation - Utilization of Evaluation Results

Criterion Questions: (cont'd)

6. Is technical assistance provided to local agencies/offices to implement agreed upon changes? ___ YES ___ NO

7. Are the recommendations of preventive services evaluation studies incorporated in child welfare program plans? ___ YES ___ NO

Goal Achievement Score: Evaluation function of the PREVENTIVE SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
III-E-1	________	divided by 16 =	________
III-E-2	________	divided by 11 =	________
		Total =	________

Total multiplied by $\frac{100}{2}$ = ☐ %

(Your state's Goal Achievement Score

on the Evaluation function of the

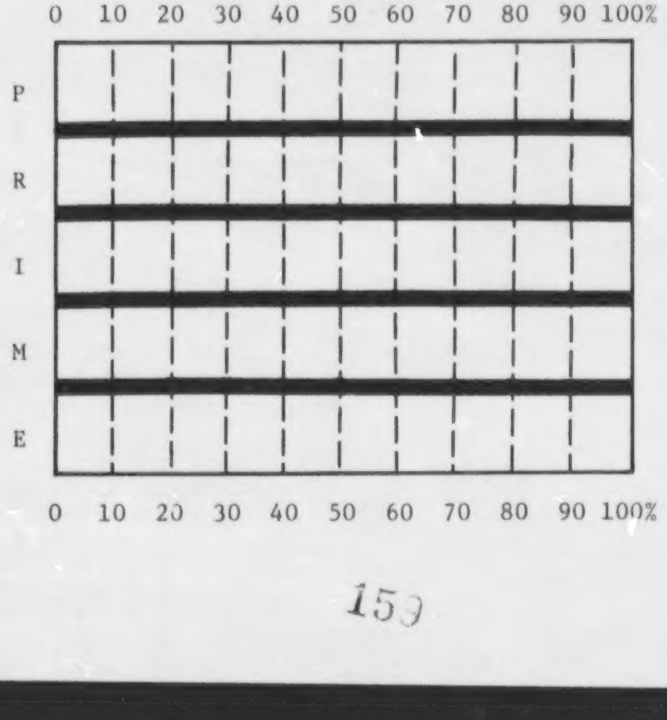
PREVENTIVE SERVICES Program)

Goal Achievement Program Summary for the PREVENTIVE SERVICES Program

The chart and profile below provide a summary of the PREVENTIVE SERVICES Program in your state. Fill in the chart below, entering the scores from the goal achievement summaries you have already completed (see page references provided below). To complete the Visual Profile, draw a line at the point in the column that corresponds to the score for each of the five (5) management functions. For example, if your state's score for the Planning (P) function were 65, you would draw a vertical line halfway between 60 and 70 to the right of the P (Planning) function on the profile. Fill in the space up to that line with a pen or pencil, as in a bar chart. The shaded areas depict the percentage of achievement for each management function. The unshaded area shows the remaining percentage to be achieved to obtain a perfect score (100%).

Function	Page	Goal Achievement Score
(P) Planning	(III-17)	____
(R) Resource Development	(III-25)	____
(I) Implementation	(III-30)	____
(M) Monitoring	(III-38)	____
(E) Evaluation	(III-43)	____

VISUAL PROFILE: PREVENTIVE SERVICES



STATE CHILD WELFARE PROGRAM SELF-ASSESSMENT MANUAL

III. PREVENTIVE SERVICES RESOURCE SECTION

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

III. PREVENTIVE SERVICES

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INTRODUCTION

There is growing recognition among child welfare administrators and practitioners that more emphasis should be placed on preventive services. The current lack of preventive services was identified as one of fifteen high priority issues by state and local professionals in the child welfare field who attended a series of HEW sponsored regional meetings in 1976.1/ Federal and state legislators and courts are giving more attention to the effects on family life of policy decisions regarding social services and other public programs. These trends reflect increasing awareness that the problems of individuals can neither be prevented nor alleviated in isolation from their social environments. The primary social environment of children is their families. Families function, in turn, within communities. The general focus of preventive services is on the community at large, while the specific focus is on early intervention with high risk children, youth, and families within the community.

In this Manual, the objectives of preventive services are to promote the social growth and development of children and their families and to prevent or reduce the adverse effects of environmental influences that impinge upon their physical and psychosocial functioning. While all families may benefit from preventive services, the target population includes high-risk families who, for example, are not under protective supervision but who are likely to neglect their children if they do not receive the help these services provide. Preventive services support child welfare goals to preserve, enhance or rehabilitate parental, child and family functioning. They are appropriately provided when clients recognize the need for help, have requested it, and are willing and able to meet a minimum standard of care in the home.

Preventive services encompass a broad range of services and programs on behalf of vulnerable children and families, some of whom may not be in actual caseloads. Parenting education programs, legislative advocacy and public awareness campaigns are examples of preventive services having a community focus. Those that are directed toward early intervention with high risk families include: day care, homemaker services, health services, services to pregnant teen-agers and unmarried parents, diversion programs for status offenders and runaways, and services to families with handicapped children.2/

The organization of these diverse services in a separate section of the Manual does not imply that service delivery systems should necessarily be structured in a similar way. The Manual's approach is intended to clarify the goal of prevention as it relates to the child welfare service delivery system, and to focus on the state's responsibility to provide preventive services to children and their families.

While prevention in child welfare may be recognized as necessary and appropriate, it is in the day-to-day reality of practice and organizational

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1/ National Study on Selected Issues of Social Services to Children and Their Families: Summary of Information Needs (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1977).

2/ See Figure II later in this section for a more complete listing of services.

administration that clear guidelines for its application are lacking. A framework will be proposed in the following section which may contribute to clarification of some of the issues involved in planning preventive services and programs.[1] The other components of the PRIME system will then be covered and specifically related to preventive services as they have been conceptualized in this Manual.

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[1] See Martin Sundel and Carolyn Clark Homan, "Prevention in Child Welfare: A Framework for Management and Practice," Child Welfare, 1979. (in press).

PLANNING: NEEDS ASSESSMENT

The purpose of conducting a needs assessment is to determine the extent of particular social problems that exist within a community and the characteristics of individuals having those problems. An essential element of this process involves development of clear definitions of problems, target groups, and the services that are appropriate to prevent or mitigate the specific problems of particular target groups. Goals of service and measures of impact are additional data necessary for effective planning. The public health model, with its concepts of primary, secondary, and tertiary prevention, has been proposed to clarify and apply the concept of prevention in mental health 1/ and social work.2/ Public health concepts have also been applied in research involving child abuse and neglect, 3/ the two most frequently cited primary reasons for clients receiving child welfare services.4/

The specific problems that particular services are directed toward preventing or alleviating should be identified and clearly defined. Some preliminary indicators to use in assessing a need for preventive services in a community include:

- the incidence of reported child abuse and neglect;
- the incidence of substantiated child abuse and neglect;
- the number of families receiving AFDC payments;
- the number of single parent households;
- the illegitimate birth rate;
- the number of children in substitute care;
- the number of reports of runaway youth;
- the juvenile crime rate;
- the average per capita income; and
- the rate of unemployment.5/

Figure I provides a schema adapting the public health concepts of prevention to child welfare service activities. The characteristics associated with each level of service activity (i.e., primary prevention, early intervention, and treatment and rehabilitation) are described according to service goals, target population, program intervention, and measures of impact. In reference to public health terminology, this framework considers secondary prevention as early intervention, and tertiary prevention as treatment and

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1/ Gerald Caplan, Principles of Preventive Psychiatry (New York: Basic Books, 1964.

2/ Lydia Rappoport, "The Concept of Prevention in Social Work," Social Work 6:1 (January 1961). pp. 3-12.

3/ 1977 Analysis of Child Abuse and Neglect Research (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978).

4/ Ann W. Shyne and Anita G. Schroeder, National Study of Social Services to Children and Their Families (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978).

5/ See also An Inventory and Analysis of State Data Sources for Children and Youth: Virginia (Richmond, Virginia: Virginia Commission for Children and Youth, 1977).

rehabilitation. This approach provides a specific focus for the concept of prevention in child welfare. Note that the goal of primary prevention includes both the promotion of social and emotional well-being and the reduction of vulnerability. As shown below in Figure I, the terms outreach and intake, related to the three levels of service activity, are associated with client pathways to the service delivery system.

FIGURE I 1/

Levels of Child Welfare Service Activity and Defining Characteristics

Primary Prevention

OUTREACH

a) goal of service: To promote social growth and development and reduce vulnerability to social problems.
b) target population: Total population of children, youth, and families in a given geographic area.
c) service/program interventions: Community education, day care, information and referral services, etc. (See FIGURE II)
d) impact measure: Reduction of the incidence (number of new cases) within a given time period.

Early Intervention

OUTREACH & INTAKE

a) goal of service: To identify and treat problems early.
b) target population: High risk population of children, youth, and families; clients in the early state of problem development in a given geographic area.
c) service/program interventions: Community based outreach and screening programs, comprehensive emergency services, etc. (See FIGURE II)
d) impact measure: Reduction of the prevalence (total number of cases) within a given time period.

Treatment and Rehabilitation

INTAKE

a) goal of service: To treat problems and restore clients' functioning.
b) target population: Total caseload of clients with specific problems.
c) service/program interventions: Family counseling, foster care, etc. (See FIGURE II)
d) impact measure: Reduction of active caseload; reduction of recidivism rate within a given time period.

1/ From Sundel and Homan, "Prevention in Child Welfare."

A further elaboration of the proposed framework is shown on the next page in Figure II, which presents various interventions according to levels of service activity for five major problem areas frequently associated with need for child welfare services. Because service definitions are not widely standardized and problems can be interrelated, the interventions shown in Figure II do not always fall exclusively into the proposed categories of primary prevention, early intervention, and treatment and rehabilitation. Furthermore, in many cases, empirical research linking particular services to either prevention or successful treatment of specific problems is lacking. This conceptual scheme, however, could provide a framework to help program administrators identify and plan services and programs that are appropriate for target populations at different stages in the development and occurrence of social problems. An additional benefit of relating child welfare services to their level of prevention may be in clarification of the goal of services. The common tendency to view placement, for instance, as an end in itself rather than as means to an end [1] may then be avoided.

PLANNING: GOAL SETTING

As increasing attention focuses on emerging national policy to protect and enhance family life, state and county agencies delivering social services are attempting to bring about change in their child welfare systems. Although an agency may be committed to preserving family life in statute and policy, it may be difficult to support this goal because of present programming, and insufficient funds and staff. Many states are making intensive efforts to develop a comprehensive, coordinated plan for delivery of services to high-risk children and families in order to prevent unnecessary placements and reallocate some foster care monies to preventive services.

Utah and Connecticut have provided examples of two approaches to establishment and support of state policy to preserve and strengthen families, and provide preventive services to children and youth in their own homes. In Utah, a task force was commissioned by the State Department of Social Services to study alternative methods of treatment for multi-problem families. Recommendations in the final report of this task force [2] have contributed to a major reorientation of family services programs in Utah. Attempts are being made to integrate and coordinate services through the use of teams in child welfare agencies, and through development of comprehensive programs to deal with specific child and family problems. A noticeable shifting of more resources into preventive services and programs has taken place.

The Connecticut State General Assembly created a Commission on Children's Services in 1974. As a result of the Committee's recommendations, the free-standing Department of Children and Youth Services, a comprehensive children's services agency, was established to serve "...abused, neglected, dependent, uncared for, delinquent, mentally ill and emotionally disturbed children and

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[1] See Shyne and Schroeder, A National Study, p. 21, and Sundel and Homan, "Prevention in Child Welfare."

[2] Report from DFS Task Force Committee on Alternatives for Families at Risk (Salt Lake City: Utah State Department of Social Services, Division of Family Services, October 1975).

Figure II 1/

A Problem-Oriented Framework for Child Welfare Intervention
by Level of Service Activity

PROBLEM	PRIMARY PREVENTION	EARLY INTERVENTION	TREATMENT & REHABILITATION
Family Breakdown	Legislative advocacy Parent education programs Family planning Day care Community information & referral Mental health education Employment counseling Community supportive networks Mental health consultation	Outreach programs Family counseling Day care Hot lines Mental health services Financial aid Transportation Legal services	Family therapy Divorce counseling Legal services Court studies Single parent support groups Foster family care
Abuse and Neglect	Legislative advocacy Parent education programs Community supportive networks Family planning Day care Community information & referral Mental health consultation Employment counseling Public awareness campaigns Mental health consultations	Health services, EPSDT Family counseling Day care Hot lines Homemakers Comprehensive emergency services Financial aid Mental health services Transportation Parents Anonymous	Homemakers Family therapy Foster family care Legal services Court studies Group homes Adoption services
Status Offenses and Delinquency	Legislative advocacy After school day care Community supportive networks Neighborhood recreation programs Youth employment programs Big brother/sister programs Mental health education Mental health consultation	After school day care Outreach programs Family counseling Hot lines Comprehensive emergency services Educational services Mental health services Transportation	Family therapy Foster family care Day treatment programs Group homes Runaway shelters Legal services
Teen-age Pregnancy	Legislative advocacy Family planning services Public school sex education Life/career planning courses Community information & referral Mental health education Employment counseling Mental health consultation	Family planning services Family counseling Hot lines Health services Educational services Independent living programs Transportation	Family planning services Education for parenthood Family therapy Legal services Health services Group homes Adoption services
Drug/Alcohol Abuse	Legislative advocacy Parent education Public school education Community supportive networks Neighborhood recreation programs Community information & referral Mental health education Mental health consultation	Health services Mental health services Family counseling Hot lines Drop-in centers Ala-Teen Transportation	Day treatment programs Family therapy Self-help support groups Group homes Residential treatment

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1/ See Sundel and Homan, "Prevention in Child Welfare."

their families, and to provide preventive services to all children, youth and their families."1/ Illinois and Oregon have organized their social services to children and families along similar lines.

The implementation of broad policy or goal statements, however, is difficult to achieve without measurable goals. Some means must be devised to guide the implementation of policy. Clear goals and objectives provide the means to develop and measure the implementation of preventive programs. The establishment of measurable goals can help to provide a basis for determining goal achievement and the factors that are related to it. Utah has proposed measurable goals relating to the provision of preventive services.2/ The statement of goals includes criteria and guidelines for workers to use in determining if a family can be served with the child in the home.

PLANNING: PROJECTING RESOURCE NEEDS

A formal approach to planning has been adopted by Special Services for Children, a large public agency in New York City.3/ This agency is responsible for administration of foster care, juvenile detention, adoption, child abuse investigation, protective and preventive services for more than 100,000 children and their families. A comprehensive plan was developed, based on the assessment of current and future service needs. In this case study, an analysis of the need for long-term care was conducted based on a representative sample of referrals (analyzed for age and degree of handicap) and vacancy pattern.4/ Projected over the succeeding 2 1/2 years, the study revealed an excess capacity for young children and a net deficit of spaces for older and handicapped youngsters. The use of trend analysis techniques predicted the need to make some significant changes in the service delivery system. A major result of this comprehensive approach to planning has been the addition of fifteen daytime diversion and prevention programs which provide services to children in their own homes.5/ A uniform monitoring system has been designed for these projects, which are funded through a combination of private and state monies.

Forecasting techniques can be used by administrators to document the need for additional staff and services.6/ Studies of foster care in Vermont, Massachusetts, California and Arizona included recommendations for acquiring staff necessary to implement effective comprehensive family services,

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1/ 1976 Summary (Hartford, Connecticut: Department of Children and Youth Services, Commission on the Transfer of Psychiatric Service, 1976). (Mimeographed)

2/ Report from DFS Task Force, p. 15.

3/ Harriet L. Warm, "Planning in a Public Child Welfare Agency: A Case Study," Child Welfare 57:2 (February 1978), pp. 93-100.

4/ Harriet Warm Schupf et al., "Analysis of the Need for Long-Term Foster Care in New York City" (New York: Special Services for Children, 1976).

5/ Ibid., p. 97.

6/ See "Child Abuse and Neglect in New Jersey: Estimating the Incidence per County, Projecting Treatment Programs" (Trenton, New Jersey: Bureau of Research, Planning and Program Development, State of New Jersey, Department of Human Services, 1977).

emergency service and crisis intervention assistance.1/ Most of these reports also mentioned the need for para-professional assistance to relieve workers and supervisors of duties requiring less than professional skills. The Iowa study further recommended that a study be undertaken on children already in foster care to determine the services that their parents would have needed to care for them in their own homes.2/

1/ Shirley Vasaly Foster Care in Five States (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976), p. 113.

2/ Ibid., p. 45.

RESOURCE DEVELOPMENT: COORDINATION

Although the most serious results of lack of coordination of services to children and families are felt at the local level, the causes may originate at a higher level. Recent reorganizations at the federal level, and the Title XX mandate which has resulted in many states and localities establishing generic service delivery systems, have tended to decrease visibility of the special needs of children, youth and families. These changes parallel an increased demand for more citizen involvement and comprehensive community planning and coordination of social services. Councils are often established at the state and local levels to plan and implement coordination of services. Two major tasks of such councils or committees are to:

- determine what service resources exist outside current child welfare funding sources, which could be useful components of a comprehensive child welfare service delivery system, and
- establish cooperative agreements and referral procedures in writing.

Additional roles of coordinating councils include public education, citizen involvement, advocacy for children, and encouragement of innovation in meeting the needs of children.

One step in the process of coordinating services is the development of a comprehensive file or inventory of available resources that may be used to serve children and families in their homes. Such files should be developed at whatever level is appropriate, either at the state or local level, and updated frequently. Agencies with which states or localities have cooperative agreements or purchase-of-service contracts should be listed in the file. In addition, all licensing information and the results of monitoring and evaluation activities should be included.

The responsibility of state child welfare staff is essentially to guide, support and facilitate grass-roots linkages by: providing project descriptions and "how to" manuals; assisting in the development of funding; providing on-site consultation at the initial stages of project development; and requiring at least certain minimum coordinative mechanisms at the local level and ensuring that they are actually used. Such mechanisms should include inter-agency committees, inter-agency referral procedures and cooperative agreements.

A number of innovative approaches to coordination stand out as having particular potential for developing resources to prevent problems, or to resolve problems early before abuse, neglect or family break-up have occurred. Several comprehensive community-based coordination projects directed toward prevention will be briefly described. Examples will also be given of coordination between child welfare agencies and other service systems and on behalf of specific high-risk populations 1/

1/ Information on these projects has been gathered by the Child Welfare Resource Information Exchange, 2011 Eye Street, N.W., Washington, D.C. 20006.

The Comprehensive Emergency Services System (CES) developed in Nashville/ Davidson County, Tennessee is a well-known example of community coordination to promptly meet the needs of troubled children and families and prevent further disruption. CES has provided preventive services to alleviate crises and avoid out-of-home placement of children in substitute care. The Nashville/ Davidson County experience with CES demonstrated dramatic results over a three year period:

- the number of neglected and delinquency petitions filed was reduced 56%,
- the number of cases screened in which a petition was not sworn out increased 180%,
- the number of children under six who were institutionalized was reduced to 0,
- the number of children placed out-of-home was reduced 51%,
- while referrals to the system increased by 92%, net savings of $68,000 were realized.[1]

The development of CES requires joint efforts in planning and restructuring of traditional agency roles and responsibilities on the part of the community and public and private social agencies. A publication has been prepared to provide guidance to communities that are interested in implementing the system. Entitled Comprehensive Emergency Services to Children: Community Guide, it can be obtained from:

Publications Unit
Children's Bureau
Post Office Box 1182
Washington, D.C. 20013
Publication No. (OHDS) 78-30120

Community Team, An Approach to Case Management and Prevention, edited by D. Adamowicz, is the third volume of Child Abuse and Neglect: The Problem and Its Management published by the Children's Bureau, National Center on Child Abuse and Neglect. A description of a community program for managing and preventing child abuse that is multidisciplinary and focuses on diagnosis, treatment and prevention is presented. This publication can be obtained from:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402
Publication No. 017-092-0019-7
Price: $2.60

Child Abuse and Neglect Demonstration Organization (CAN-DO) was sponsored by the Central Texas Council of Governments and supplements the services of the Texas

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[1] See Marvin R. Burt and Ralph R. Balyeat A Comprehensive Emergency Services System for Neglected and Abused Children (New York: Vantage Press, 1978), p. 52.

Department of Public Welfare. The project involves multi-level coordination throughout a seven-county region including urban, rural and military communities. Among the activities of this program are:

- organization of an advisory group,
- establishment of a regional statistical information system,
- creation of a public awareness program,
- establishment of a system for referral and follow-up,
- presentation of educational programs on the identification and procedures for reporting of child abuse to professional groups such as law enforcement personnel, day care staff, teachers and medical staff,
- recruitment and training of volunteers, and
- establishment of the Family Focus Program at two hospitals to identify families at risk of abusing or neglecting their children.

A description of this program, initiated in 1975, may be obtained from:

Ms. Jean Cook
Capital Systems Group, Inc.
6110 Executive Boulevard, Suite 250
Rockville, Maryland 20852
Price: $10.15

Policies and procedures for schools to utilize in identification, reporting, referral and prevention of child abuse and neglect are covered in a resource book prepared by Davis, Eckerman and Jarvey. Implemented in ten school districts in Wisconsin, teams of community professionals work together to create school policies and procedures tailored to individual community needs. Child Abuse and Neglect: A School - Community Resource Book covers: building community teams, public relations, guidelines for Parents Anonymous groups, workshops and in-service sessions as well as a list of state, regional and national resources and names of key people and agencies who can supply information and offer concrete suggestions. This publication can be obtained from:

Wisconsin Department of Public
  Instruction
126 Langdon Street
Madison, Wisconsin 53702
Price: $1.00

Handbook for Medical Professionals provides basic information on the problem of child abuse and neglect. Federal legislation and California reporting requirements are covered. Practical suggestions for conducting interviews with parents and child are offered. Several types of prevention strategies are examined including: self-help groups, group therapy, crisis nurseries and hotlines. Primary prevention, including education for parenthood programs, is also considered. A resource section includes summaries of parenting education materials and references for books, articles, training packages and audio visual materials on child abuse and neglect. This publication can be ordered from:

Foundation for Educational Services
520 South Lafayette Park Place
Los Angeles, California 90057
Price: $9.95

Preventive services and programs targeted at specific high-risk populations may need to be developed. Such high-risk populations may include:

- single parent families;
- status offenders;
- teenage parents;
- families and children living on Indian and military reservations;
- children of migrant parents;
- handicapped children;
- families in rural areas, and others.

An example of comprehensive services for school-aged mothers, their infants, and their families is the Margaret Hudson Program of Tulsa, Oklahoma funded by federal, state and community funds and private donations.1/ The administration of the program is described in The Margaret Hudson Program: A Comprehensive Service Approach to Adolescent Parenting by J. West-Anderson. Evaluation data on the program, in operation for over eight years, show that students experience fewer premature births and prenatal deaths than did the total county population of women giving birth. Statistics also reveal that the program has helped to reduce the number of repeat pregnancies among teenage mothers, and has reduced the drop out rate of school-aged pregnant women. This publication can be obtained from:

The Margaret Hudson Program
1205 W. Newton
Post Office Box 6340
Tulsa, Oklahoma 74106
Price: $4.00

Project CARE: Child Advocacy Resources Expansion is designed to assist troubled military families and their children through the combined efforts of the staffs of the Texas State Department of Social Services, several military installations, community agencies, and the project itself. Two programs, one hospital-based and the other located in the community, provide a range of

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1/ Also see Kathleen Fairbanks, A Coordinated Community Approach to the Problem of Adolescent Pregnancy (Cincinnati, Ohio: Services to Unmarried Parents and Adoption (SUMA) 1978); and A Comprehensive and Integrated Model of Services for Pregnant Adolescents, School-Age Parents and Their Families in the State of Michigan (Lansing, Michigan: School-Age Parenting Task Force and the Inter-Agency Committee for Services to High Risk Children and Their Families, Michigan Department of Public Health).

services for the prevention, diagnosis and treatment of child abuse and neglect. A publication reporting on the second year of this three year demonstration project discusses the complexities of developing coordinative mechanisms between military and public welfare bureaucracies. The service delivery systems which were developed in response to organizational constraints are described. Prevention and educational services of the project focus on early identification, strengthening parenting skills and providing crisis child care.1/ In addition, training courses and seminars are held for profesionals, parents and adolescents. This publication can be obtained at no charge from:

Dr. Murray A. Newman
Texas Department of Human Resources
Research and Demonstration Branch
Office of Financial and Social Programs
John H. Regan Building
Austin, Texas 78701

RESOURCE DEVELOPMENT: FINANCIAL CONCERNS

Funding sources at the state and federal level usually base their budget allocation decisions on past spending and data showing numbers of clients served and types of service rendered. Local agencies can rarely account adequately for the costs associated with indirect or community services related to primary prevention. Often some attempt may be made to estimate man-hours involved but costs are included with an agency's regular administrative functions.2/ In order to increase the visibility of primary preventive services, states should develop comparable standardized definitions of a unit of community service.

Funding for preventive services is an issue of major importance. Experience has demonstrated that as long as preventive services must compete with treatment services for support from the same funding sources, they are at a distinct disadvantage. Those in a position to allocate funds for specific services should earmark funds specifically for preventive services. In addition, financial support should be sought through supplemental funding sources.

Demonstrating that early intervention and preventive services are effective may be a necessary incentive to support reallocation of funds and staff from other services. A number of programs have demonstrated that preventive services can reduce the number of placements in substitute care, while at the same time holding costs down and adhering to quality practice standards.3/

1/ For more information on crisis child care, see Crisis Nurseries: Practical Considerations (Denver, Colorado: National Center for the Prevention and Treatment of Child Abuse and Neglect).

2/ See Elizabeth Crowell, "Estimating Costs for Community Services," Social Work 23:2 (March 1978), pp. 159-161.

3/ See, for example, Lower East Side Family Union Annual Report (New York: Lower East Side Family Union, 1977). Also Mary Ann Jones; Renee Newman; and Ann W. Shyne, A Second Chance for Families: Evaluation of a Program to Reduce Foster Care (New York: Child Welfare League of America, 1976); Edward Heck, and Alan Gruber, Treatment Alternatives Project: Final Report and Program Evaluation (Boston Children's Services Association, 1976).

It may be important for states to finance research to determine whether their experience would justify transfer of additional funds from foster care to preventive services. Because local administrators may be reluctant to redirect current "board and care" funds from foster family care and institutional care payments, financial incentives should be considered to encourage development of additional preventive services.

Funding for demonstration projects can be provided in several ways. Localities may be assisted by consultants from the state to apply for federal grants to support these projects. In many instances, legislatures have continued to fund projects that documented effectiveness. In the absence of federal funds, states should develop their own funding for demonstration projects. Such projects may be located within public agencies which provide services directly or services may be purchased from the private sector. For example, the Homebuilders Project of Catholic Community Services of Tacoma, Washington is supported by a combination of private, state, and federal funds.[1] This project accepts referrals from the public department of social services of families whose children are in danger of being placed out of their homes. The project has averted placement of children in 78% of the 173 potential placements with whom they have worked at a substantial projected savings to the state.[2] Funding for the project has recently been increased and Homebuilders has applied for a training grant to develop materials for others who wish to initiate similar projects.

A slightly different approach toward coordination between public and private sectors to increase innovative preventive services has been taken in Illinois. The Governor of Illinois has established a special fund with $15 million of Illinois' Title XX allocation.[3] The Governor's Donated Fund is intended to establish an alliance between public and private sectors. With $5 million in matching funds to be donated by statewide and community philanthropic organizations, the private sector may designate the general area of human services for which a donation is to be used and will participate in setting overall program priorities. Among specific services and programs which the Governor is seeking to purchase from the private sector are:

- networks of programs of family counseling;
- homemakers;
- day care;
- job counseling;
- multi-service programs for teenage unmarried; mothers who wish to keep their children;
- day treatment programs for disturbed adolescents; and
- child abuse and neglect follow-up services.

RESOURCE DEVELOPMENT: PURCHASE OF SERVICE

Some of the preventive services delivered in a state may be purchased from another public agency or the voluntary sector. Wide variation exists among states in their organization and administration of purchase of service systems. Some of the major policy issues, and more specific subjects such as development and management of contracts, are addressed in the Management Resource Section of this Manual. Because most states provide a mixture of purchased and direct services, rational decisions regarding which services to purchase and which to provide directly should be made based on predetermined criteria that consider all the ramifications of such decisions in a particular state.

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[1] See Jill Kinney, "Homebuilders: An In-House Crisis Intervention Program," Children Today 7:1 (January-February, 1978), p. 15.

[2] Kinney, "Homebuilders,"p. 15.

[3] See Child Welfare Planning Notes 3:7 April 7, 1978. (Washington, D.C.: Child Welfare League of America Hecht Institute for State Child Welfare Planning).

Of the services that are included in this Manual as preventive, day care is the service most frequently purchased. However, health services, educational services, legal services, counseling, family planning services, transportation, employment services, and homemaker service are also purchased in many states. Intensive services to troubled families are also being increasingly purchased from voluntary agencies specializing in this type of crisis intervention and preventive service. Funds are often provided under Title XX. A brief review of three such projects follows with sources for obtaining additional information.

With funding from the New York State Department of Social Services and private foundations, the Lower East Side Family Union serves as an intermediary, linking up families who need help with social agencies who provide it. The agency operates with four teams that include social workers, homemakers, and community workers. More information can be obtained from:

Lower East Side Family Union
91 Canal Street
New York, New York 10002

Families where one or more children are facing placement or are already in placement, are referred by the public welfare department to Youth Services, Inc. in Philadelphia. The main purpose of the program is to stabilize the home and prevent placement or to return children home. A paper by Levine and McDaid entitled "Services to Children in Their Own Homes: A Family Based Approach" describes the program and a study which shows that five out of eight families whose children were in placement were reunited, and placements were avoided for over half the families whose children were in their own homes. This paper and additional information can be obtained from:

Youth Services, Inc.
410 North 34th Street
Philadelphia, Pennsylvania 19104

FAMILIES is an agency whose administrative offices are located in West Branch, Iowa. Staff work in the communities where they live. Each is assigned three or four families with whom to work intensively as an alternative to placement. FAMILIES includes both urban and rural-based projects. To date, cost analysis of this intensive in-home service to families indicates that costs are about half that of institutional care for a single family member in an Iowa institution. More information can be obtained from:

Michael Ryan, Director
FAMILIES Inc.
101 West Main
West Branch, Iowa 52358

RESOURCE DEVELOPMENT: LEGISLATIVE ADVOCACY

Legislative advocacy may be an essential element of resource development. Although administrators usually do not go before legislative committees to argue for one service but for their entire program, some states allocate amounts for specific services. If a state agency has developed a planning process which can document relative need and the desirability of particular methods for achieving certain goals, administrators should be able to make a case to the legislature for the allocation of funds among functions within the agency. Title XX has succeeded in increasing the visibility and awareness of preventive services and programs. The reported 25% increase in home-based services over three years 1/ is some indication of their recognized importance and potential for long-term savings. Budgeting systems that can show program costs and relate costs to outcomes are an important asset when presenting information to legislatures and citizens concerning the impact of preventive services. Cost-effectiveness studies and evaluation research are also helpful when administrators are seeking either additional funding support, or reallocation of monies from some other function.

An example of the positive results of advocacy for child welfare legislation was Chapter 911 of the Laws of New York, which was enacted in the spring of 1973. This act authorized "... demonstration projects to establish the feasibility of preserving the family unit by providing services to eliminate the need for foster care and to prevent its recurrence..."2/. State funds in the amount of $500,000 were appropriated to be used on a matching basis with particular local social service districts for one year of demonstration services. An additional $611,043 of Title IVB funds were allocated by the State Commissioner of Social Services to permit a sufficiently large sample for meaningful results and to finance an evaluation. The evaluation findings of these demonstration projects could be used by states seeking legislation and funding to support Preventive Services in their states. The effectiveness of intensive family services in averting or shortening placement was tested and demonstrated. Further, these outcomes were accomplished at lower cost than the conventional service provided to the control group.3/

- o The demonstration service cost approximately $1,200 per study child compared to estimated annual foster care costs of close to $6,600 per child.

1/ Child Welfare Planning Notes 3:10 May 24, 1978. (Washington, D.C.: Child Welfare League of America, Hecht Institute for State Child Welfare Planning).

2/ Chapter 911 of the Laws of New York, 1973.

3/ Mary Ann Jones, Renee Neuman, and Ann W. Shyne, A Second Chance for Families: Evaluation of a Program to Reduce Foster Care (New York: CWLA, 1976), p.1.

- 16,000 days of foster care payments at a cost of approximately $286,000 were saved during the project year alone.
- An estimated 3.9 years of foster care per child, at a projected cost of $1.8 million, were prevented.[1]

In addition, the distressing emotional costs of substitute care that were avoided for the families involved are incalculable.

RESOURCE DEVELOPMENT: VOLUNTEERS

The potential of volunteers and retired persons to supplement child welfare services in a variety of important roles is being increasingly recognized. Volunteer lay therapists are providing supportive relationships to reduce the social isolation experienced by many abusing and neglecting parents.[2] Foster Grandparents are offering companionship and support to institutionalized children with special needs.[3] Young volunteers are counseling their troubled peers in drug education and prevention programs.[4] Volunteers are working with juvenile courts to review the case records of children in placement in order to eliminate the impermanency and drift of temporary foster care.[5]

The Florida Office of Volunteerism has prepared a guide to assist social service agencies develop effective volunteer programs.[6] Public agency administrators are shown how to establish goals and objectives for volunteer programs and develop specific volunteer tasks and methods to meet client needs. Other subjects covered are: accountability, staffing, allocation, recruiting, screening, and training of volunteers. A Systems Approach to the Planning and Development of Effective Volunteer Programs can be obtained at no charge from:

Office of Volunteer Services
1317 Winewood Boulevard
Tallahassee, Florida 32301

Some volunteer programs have particular application to the prevention of problems commonly associated with the need for child welfare services. Three such programs will be described. It is hoped that state agencies will strengthen policies that encourage the use of volunteers to support child welfare services. In addition, assistance should be provided to local agencies that wish to make effective use of volunteers.

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[1] Jones et al., A Second Chance for Families, p. 123.

[2] See C. Henry Kempe and Ray Helfer, "Innovative Therapeutic Approaches," in Helping the Battered Child and His Family, eds. C. Kempe and R. Helfer (Philadelphia: J. B. Lippincott Co., 1972) pp. 41-54.

[3] The Foster Grandparent Program (Washington, D.C.: ACTION.)

[4] See Mimi Samuels and Don Samuels, The Complete Handbook of Peer Counseling (Miami, Florida: Fiesta Publishing Corp., 1975).

[5] See Judge John P. St[illegible]etee, "The CIP Story," Juvenile Justice 28:2 (May 1977), pp. 3-14.

[6] A Systems Approach to the Planning and Development of Effective Volunteer Programs (Tallahassee, Florida: State of Florida Office of Volunteerism, Department of Health and Rehabilitative Services, n.d.)

Family Outreach is a program to prevent child neglect and abuse in Texas.1/ Initiated in 1973 by the National Council of Jewish Women with the division of the Texas State Department of Human Resources (DHR), the original outreach center was staffed by a full-time caseworker and 16 volunteers trained as paraprofessionals. The families served by Family Outreach are those who would not qualify for services by DHR regular staff members. The program is seen as an extension of DHR's protective services units, a "preventive services unit."2/ Information, referral and one-to-one counseling services are offered by telephone and visitation on a continuing basis. Volunteers handle telephone intake, counseling under the guidance of Family Outreach caseworkers, fulfill speaking engagements, arrange for media publicity and participate in planning and fund raising activities. The self-referral rate has risen from 8.5% at the end of the first year to 51% at the end of the fifth year which is an important measure of the program's success in meeting the objective to increase self-referrals. In the five years since the first Family Outreach Center opened, eight other outreach centers have opened in Texas and several more out of state. More information can be obtained from:

Paula J. Rosenstein
509 Lawrence, Suite 206
Corpus Christi, Texas 78401

Garbarino and Jacobson report on a multi-faceted Youth-Helping-Youth Project in Omaha, Nebraska.3/ Focusing on youth volunteers as resources to prevent and intervene early in cases of maltreatment, the project has four components: (1) a youth-staffed "hot-line", (2) a self-help group for maltreated youths, (3) a pamphlet for youth on guidelines for recognizing maltreatment and taking steps to help, and (4) a public awareness campaign aimed at youth. The project relies upon collaboration with existing institutions and groups in the community to establish a helping network of youth-to-youth relationships. Teenage volunteers are trained to become peer-helpers in one of a variety of agencies including a mental health center, a runaway house, and a crisis line. A service network has been developed which includes doctors, attorneys, hospital emergency rooms, and protective service workers. In addition, the project sponsors an essay contest for secondary school students on the theme, "Child Abuse and Neglect: How Youth Can Help." Cash prizes are awarded and winning entries are publicized. Workshops for secondary school students are also offered, presenting information on maltreatment, peer counseling skills and mechanisms for action. The project has prepared details on the operation of youth self-help groups entitled

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1/ See Paula J. Rosenstein, "Family Outreach: A Program for the Prevention of Child Neglect and Abuse," Child Welfare 57:8 (September/October 1978), pp. 519-525.

2/ Ibid., p. 524.

3/ See James Garbarino and Nancy Jacobson, "Youth Helping Youth in Cases of Maltreatment of Adolescents," Child Welfare 57:8 (September/October 1978), pp. 505-510.

"A Manual for Creating and Maintaining A Youth Self-Help Group." This publication and additional information and assistance to other communities interested in developing a Youth-Helping-Youth Project can be obtained from:

James Garbarino and Nancy Jacobson
Center for the Study of Youth Development
Boys Town, Nebraska 68010

The Foster Grandparent-Home Visitor Program in Pittsburg, Pennsylvania has demonstrated success in helping multi-problem families while at the same time offering healthy older adults a productive social role.[1] This program places foster grandparents in the homes of troubled families with developmentally delayed, abused, neglected or emotionally needy children under five. Foster Grandparent Home Visitors model nurturant behavior, provide emotional support to parents, and demonstrate stimulation techniques in an effort to prevent or delay placement out of the home. Families may be referred by court, child welfare or other social agencies. The program is operated by a private agency, funded as a subcontract by Allegheny County Welfare Services. Home visitors carry up to four families a week and are paid $2.30 an hour plus travel expenses. They receive weekly ongoing training. As the program enters its third-year, there are waiting lists both for older adults hoping to become home visitors and for young children in need of this service. It is hoped that the present program can be expanded into a support system for families with terminally ill children at home. A document entitled Foster Grandparent-Home Visitor Program that describes the program, including evaluation tools, can be obtained from:

Shirley Arch
Foster Grandparent Programs
5940 Baum Boulevard
Pittsburgh, Pennsylvania 15606
Price: $4.00

RESOURCE DEVELOPMENT: PUBLIC INFORMATION AND AWARENESS

The problems that are associated with the need for child welfare services are community problems. Ultimately, it is the attitudes and values of the community that determine the response to these problems. Public information activities are an essential part of prevention-focused programs. The public information responsibilities of a state or county child welfare progam should include: (1) the provision of general information and referral services, (2) public awareness compaigns focusing on specific problems such as abuse and neglect, and (3) education programs geared toward promoting specific skills such as parenting education.

The planning of public information and education activities must involve careful examination of the audience, the information and knowledge to be transmitted, and the program objectives. Among the goals and objectives that may be set for public information, awareness and education projects are the following:

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[1] See Shirley D. Arch, "Older Adults as Home Visitors Modeling Parenting for Troubled Families," Child Welfare 57:9 (November 1978), pp. 601-605.

- to provide families under stress with information on resources to which they can turn before problems become severe;
- to encourage abusing parents to seek help; [1]
- to educate the public concerning the seriousness and scope of problems such as abuse and neglect;
- to change attitudes toward abusing parents;
- to educate medical staff, teachers and other professionals regarding their mandated role in reporting abuse and neglect;
- to interpret legislation concerning reporting and to advocate for improved legislation if needed;
- to educate the public on recognizing and reporting abuse and neglect;
- to provide education on proper parenting techniques;
- to recruit volunteers and paraprofessionals to work in preventive programs.

Education is an essential primary preventive service. Many excellent parenting education materials have been developed. State and county agencies may wish to organize parenting education classes or distribute educational material to clients. In addition, television and radio spots, and posters can be effective in community education efforts. At a minimum, administrators should advocate for and publicize parenting education programs in the community. Interested citizens and volunteers should be encouraged to participate in providing this service.

The following parenting education materials and curricula may be useful to child welfare staff interested in developing, or encouraging community groups to develop, education programs to improve parenting competency.

- Parenting: An Annotated Bibliography. This publication can be ordered free of charge from:

  Publications Unit
  Children's Bureau
  Post Office Box 1182
  Washington, D.C. 20013
  Publication No. (OHDS) 78-30134

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[1] See Gary D. Mathies, "Designing and Utilizing a Public Awareness Program to Attract Self-Referrals," pp.271-273. In Child Abuse and Neglect: Issues on Innovation and Implementation Vol. I. Edited by Lauderdale. Anderson and Cramer, (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978), 271-273. Publication No. (OHDS) 78-30147.

- Education for Parenthood: A Program Curriculum and Evaluation Guide. This guide provides information on how to develop and implement an Education for Parenthood Program in a community. Directed toward teenagers, the publication discusses: the development of curricula for schools, implementation in non-school settings, the provision of technical assistance, and evaluation. It can be ordered from the above address. Publication No. (OHDS) 77-30125.

- Positive Parent. These materials consist of a series of television spot announcements and related booklets which are designed to increase awareness of recommended parenting practices. Designed for a multi-cultural audience, they can be used in parenting courses, or distributed to clients. Order from:

  Southwest Educational Development
    Laboratory
  211 East 7th Street
  Austin, Texas 78701

- Parenting Curriculum Individualized Study Books. These six booklets are designed for school-aged mothers on the care and development of babies to age one year. Written in workbook format, they are for individualized or independent study and discuss nutrition, selecting substitute child care, getting a job and getting married. They can be ordered from:

  Publications Department
  Child Welfare League of America
  67 Irving Place
  New York, New York 10003
  Price: $12.50 Quantity Discount Available

- Since You Care: A Parenting Skills Training Manual. Trainer's Manual and Participants Workbook. Reducing drug and alcohol abuse by improving communications between parents and children is the goal of this parenting skills program. The material is structured for 6 two-hour sessions. Order from:

  Resources for Prevention
  622 Baldwin Building
  Erie, Pennsylvania 16501
  Price: $8.00 plus $1.00 for postage

- Parenting Education Program Kit. These materials are directed toward adolescents and provide information

> on prenatal care, nutrition and caring for newborns. They were designed for use in special education programs, neighborhood health clinics and centers for single parents. They can be ordered from the local March of Dimes Chapter. Price: $30.00 per kit.

Public awareness campaigns in child welfare usually focus on problems such as abuse or neglect, and are primarily directed toward early intervention. Campaigns to increase the public's awareness of problems have significant impact on programs and must be thoughtfully planned. Close coordination between state and local agencies is crucial, whether the campaign is locally focused or statewide. States should provide guidance and technical assistance to localities that wish to organize their own projects. In addition, localities should have input to the planning and organization of statewide campaigns.

A manual has been published by the National Center on Child Abuse and Neglect that can be used by local agencies interested in prevention and early intervention in the problems of abuse and neglect. Entitled How to Plan and Carry Out a Successful Public Awareness Program on Child Abuse and Neglect, it can be ordered from:

Publications Unit
Children's Bureau
Post Office Box 1182
Washington, D.C. 20013
Publication No. (OHD) 76-30089

A different approach to educational programs on child maltreatment has been taken by the National Alliance for the Prevention and Treatment of Child Abuse and Maltreatment, Inc. in the State of New York.1/ Because the general public's awareness of the problem of child maltreatment is relatively recent, many public policy issues remain unresolved. The National Alliance was awarded a grant by the New York Council for the Humanities to hold a series of special educational symposia in 10 communities. In each location one or more community groups shared sponsorship of the symposium with the National Alliance. The co-sponsoring groups included: the Junior Leagues, the League of Women Voters, the YMCA, the Girl Scouts, a mental health association, a Human Services Planning Council, a Community Council, a Cooperative Extension Group, Child Abuse Task Forces and local departments of social services. The objectives of the symposia were, "... to help citizens and professionals alike expand their awareness of the profound social and human problems involved in child maltreatment."2/

At each symposium a panel of humanists and professionals examined one of four issues embodied in the following four questions: (1) Should punishment be used to deter child abuse or neglect? (2) Should society intervene in a family because of the likelihood a child will be harmed? (3) Should an

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1/ See Perry Duryea, Vincent J. Fontana and Jose D. Alfaro, "Child Maltreatment: A New Approach In Educational Programs," Children Today 7:5 (September-October 1978), pp. 13-16, 35.

2/ Ibid., p. 13.

expectant mother be held responsible for the health of an unborn child? (4) Should child rearing values be imposed on others? The programs were all well-attended and many of the local co-sponsoring groups are looking for ways to contribute to meeting the problem. The National Alliance emphasizes that:

> Unless a community as a whole responds to these problems, professionals will have to continue to struggle with limited means and circumscribed alternatives.1/

An example of a statewide public awareness campaign is provided by North Carolina's Statewide Child Abuse and Neglect Public Awareness Campaign (SCANPAC).2/ While North Carolina's SCANPAC is coordinated by a statewide committee that develops the basic program and materials, a great amount of flexibility is left to county SCANPAC Committees. An estimated 550 individuals, volunteers from the community and local public agencies, are involved in the campaign. There are three major phases of the campaign: (1) a general broad audience awareness concentration, (2) focus on special professional and political groups, and (3) the development and implementation of specific preventive programs such as parenting education courses. The program is currently planning to complete these three phases in another two years of operation.

1/ Duryea, et al., "Child Maltreatment," p. 16.

2/ See Larry Sage, "North Carolina's Statewide Child Abuse and Neglect Public Awareness Campaign (SCANPAC)," pp. 274-277. In Child Abuse and Neglect: Issues on Innovation and Implementation, Vol. I. Edited by Lauderdale, Anderson and Cramer. (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978). Publication No. (OHDS) 78-30147.

IMPLEMENTATION: STANDARDS

In order to effectively serve the needs of troubled families and prevent disruption and unnecessary placement of children, local agencies should be provided with standards and guidelines for preventive services. The standards should clearly place priority on the use of preventive services and resources to maintain children in their own homes whenever possible and appropriate.

Various national standard-setting organizations promulgate standards, guidelines and licensing criteria that states may wish to consider in setting or revising their own standards. For example, some of these standards specifically address the physical characteristics of agencies or day care centers, the personal qualifications of individuals providing services, or the quality of services and care provided. The following organizations set service and/or personnel standards and/or provide information on various services.

American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60204

Child Welfare League of America
67 Irving Place
New York, New York 10003

Family Service Association of America
44 East 23rd Street
New York, New York 10010

National Association of Social Workers
1425 H Street, N. W., Suite 600
Washington, D.C. 20005

National Clearinghouse for Home-Based
Services to Children
University of Iowa
Oakdale, Iowa 52319

National Council for Homemaker-Home Health
Aide Services, Inc.
57 Irving Place
New York, New York 10003

U.S. Children's Bureau
Department of Health, Education, and Welfare
Post Office Box 1182
Washington, D.C. 20013

Standards, program and service guidelines, and licensing criteria should be clearly and concisely stated in understandable language and widely disseminated to local public agencies and providers. Consultation and technical assistance may be needed by these agencies in order to interpret and implement standards. Technical assistance can be provided in different ways. For example, program specialists from the state can be assigned to answer telephone inquiries and to provide on-site assistance. The monitoring function should provide information on localities that are under-using preventive services, have a high rate of placement of children in substitute care, or a relatively high child abuse and neglect recidivism rate. These agencies may be in particular need of assistance to expand and improve their preventive services and programs. Local agencies that have developed exemplary preventive service programs can also be identified and awarded grants to develop and provide technical assistance to other agencies and providers.

IMPLEMENTATION: STAFF DEVELOPMENT AND TRAINING

In Child Welfare in 25 States, the results of a joint survey conducted by Peat, Marwick, and Mitchell and the Child Welfare League of America, most states considered their staff training and development to be inadequate.1/ Additional evidence that more training and staff development opportunities are needed by workers in public child welfare agencies is cited in Foster Care in Five States.2/

Because preventive services have a community focus rather than an individual focus, training for prevention should be specialized. Child welfare workers, to be effective in community-based as differentiated from individual client-focused efforts at control of problems such as abuse and neglect, require different skills than those now offered in many training programs. James Green observes in an article on training for prevention that

> "... caseworkers would require knowledge of the operations of community organizations, ways of attracting community participation, and methods of accounting to the community as a whole. Training would be required in recruitment and selection of community volunteers, strategies for dealing with divergent or disruptive community factors and for constructively handling conflict, strategies for influencing legislative change... Training for prevention also will require a heavy investment in innovative, especially media-based, training for the lay practitioners and paraprofessionals who will be central to any community-based effort."3/

Roger B. White et al., report on a training project for child welfare professionals that emphasizes the application of public health methods to

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1/ Child Welfare in 25 States - An Overview (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare 1976), p. II-22.

2/ Shirley Vasaly, Foster Care in Five States, p. 115.

3/ James W. Green, "Training for Child Abuse and Neglect Prevention," pp. 209-210. In Child Abuse and Neglect: Issues In Innovation and Implementation. Vol. II. Edited by Lauderdale, Anderson, and Cramer, (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978), pp. 209-210.

child welfare program administration and program management.[1] This curriculum has particular relevance to preventive services. The primary focus was on training in the area of: (1) collection, quantification and classification of data; (2) handling of multiple factors in epidemiological studies; (3) methods of studying the natural history of a condition; (4) determination of high-risk groups; and (5) assessing the possibilities for preventive measures at both the primary and secondary levels. The training was provided in early 1978 in five single-day sessions at the Johns Hopkins University School of Hygiene and Public Health in Baltimore. An evaluation demonstrated increased knowledge in prevention oriented public health concepts for trainees. The authors emphasize that, "Deliberate efforts by schools of social work and public health and health social service agencies should be directed at increasing collaboration between the two fields."[2] More information and a reprint of the article can be obtained from:

Dr. Roger B. White
School of Hygiene and Public Health
Johns Hopkins University
615 North Wolfe Street
Baltimore, Maryland 21205

An example of specialized training toward maintaining families intact is provided in the Comprehensive Emergency Services Training Guide, prepared by the Children's Bureau. The CES system focuses on providing coordinated services to families. Noting that "When staff are truly committed to serving the family, children will be removed from their homes less frequently,"[3] the Manual consists of training modules useful in teaching two levels of staff - those with a tenth to twelfth grade education to be caretakers and homemakers serving families in their own homes; and those with bachelor's degrees to assume the other roles, such as crisis intervention, casework counseling, outreach, and service planning. Designed to augment the implementation of a Comprehensive Emergency Services System in the community, the Manual provides guidance to those interested in developing training programs focusing on families. The Manual can be obtained from:

Publications Unit
Children's Bureau
Post Office Box 1182
Washington, D. C. 20013
Publication No. (OHDS) 78-30121.

Homemakers and home health aides have demonstrated the value of their services in preventing disruption of families and in teaching home management and parenting skills to troubled and neglecting parents. Several useful publications are available that provide guidance specifically for those interested in developing homemaker training programs. The Homemaker Health Aide Service Training Manual can be ordered free of charge from:

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[1] See Roger B. White, Donald A. Cornely and Anita Gately, "Interdisciplinary Training for Child Welfare and Health," Child Welfare 57:9 (November 1978), pp. 549-562.

[2] Ibid., p. 561.

[3] Comprehensive Emergency Services Training Guide. (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978).

Homemaker Health Aide Service
DHEW, Office of Human Development Service
Publication and Distribution Section
330 C Street, S.W., Room G-311
Washington, D.C. 20201

Additional relevant materials are available from the National Council for Homemaker-Home Health Aide Services in New York.

- Homemaker-Home Health Aides Training Manual ($6.00) provides guidance on how to plan and organize a training program and specific units of instruction.
- Supplementary Services Guidelines for Services Supplementary to Homemaker-Home Health Aide Services ($5.00) presents services to extend a core homemaker program and form of network of health and social services in a community.
- Widening Horizons, The Teaching Aspect of Homemaker Service: A Guide ($4.00) demonstrates how homemakers and home health aides can serve as agents of change while providing for the daily needs of individuals and families.
- Homemaker-Home Health Aide Services to the Mentally Ill and Emotionally Disturbed ($3.75) is a monograph that covers the use of this service to prevent institutionalization or ease a patient's return to the community following in-patient therapeutic care.
- Homemaker-Home Health Aide Services for Handicapped Children ($.50) is a ten page article that discusses the use of homemakers as a team service designed to provide special training to families for the daily care and management of a handicapped child.

All these publications can be ordered from:

National Council for Homemaker-Home
  Health Aide Services, Inc.
67 Irving Place, 6th Floor
New York, New York 10003

Another important way to encourage sharing of information and expertise among child welfare staff is through monthly, bi-monthly or quarterly newsletters which focus on new programs, materials or opportunities of particular interest to those working with families. Newsletters can provide descriptions of new programs, publicize training opportunities, and emphasize important policy issues. Newsletters that are particularly relevant for preventive service workers, include: Midwest Parent-Child Review 1/, Case Record 2/, Checkpoints for Children 3/, Exchange 4/, Bulletin of the National Clearinghouse Project for Home-Based Services to Children 5/, Caring, 6/, and Child Abuse and Neglect Reports.7/

Interest in staff training and development activities, oriented toward prevention and support of children and families in their own homes, has grown with the availability of federal matching funds under Title XX. An additional incentive has been provided by highly visible and innovative programs, using specialized staff, which have succeeded in a high percentage of cases in either preventing family breakdown or returning children placed in temporary foster care to their own homes. A goal of the recently established National Clearinghouse Project for Home-Based Services to Children is to "train a key group of child welfare professionals in a previously tested home-based service model."8/ Applicants who have a special interest in home-based therapeutic services to families should contact:

Marvin Bryce or Michael Forgy
Clearinghouse
University of Iowa
Oakdale, Iowa 52319
(319) 353-5076

1/ Midwest Parent-Child Review (Milwaukee, Wisconsin: Midwest Parent-Child Welfare Resource Center, University of Wisconsin).

2/ Case Record (Portland, Oregon: Permanent Planning Project, Regional Research Institute for Human Services, Portland State University).

3/ Checkpoints for Children (Athens, Georgia: Regional Institute for Social Welfare Research).

4/ Exchange (Washington, D.C.: Child Welfare Resource Information Exchange).

5/ Bulletin of the National Clearinghouse Project for Home-Based Services to Children (Oakdale, Iowa: Institute of Child Behavior and Development, University of Iowa).

6/ Caring (Chicago, Illinois: The National Committee for the Prevention of Child Abuse).

7/ Child Abuse and Neglect Reports (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare).

8/ Bulletin of the National Clearinghouse Project for Home-Based Services to Children 1:2 (Spring 1978).

MONITORING

In developing a statewide monitoring system, staff should determine what information is needed, how it will be collected, and how it will be used. Because statewide monitoring systems are seldom designed around a single service or program, the task of monitoring preventive services and programs is usually accomplished within a larger system of monitoring programs and services. Input should be actively sought from local adminsitrative and program staff, as well as from providers, in the development of reporting forms, data requirements and procedures to monitor services. The following are some examples of the kind of questions that a monitoring system for preventive services and programs should answer:

- How many children are receiving preventive services?
- How many families are receiving preventive services?
- What is the average duration of provision of preventive services?
- What percentage, of the total number of cases served, were children placed out of their own homes within a year?
- How many cases served and closed successfully had to be re-opened within a year?
- In how many cases were preventive services recommended but unavailable?
- How many public agency staff are involved in the provision of services? Is this number adequate?
- Are services being purchased and delivered according to established procedures?
- Are preventive services uniformly available and utilized across the state?
- What are the costs? Are they reasonable?
- Do purchased services meet standards?
- Are localities monitoring the quality of purchased services efficiently?
- Does every client receiving services in-home have a case plan?1/

1/ Results of Shyne and Schroeder, A National Study, indicated that "Service plans were less common for children living with one or both parents than for other children," p. 20.

- Are the services that are being delivered appropriate?

- Are caseworkers maintaining adequate contact with clients?

- Are caseload standards being adhered to?

Monitoring of purchase of service contracts may occur at the central state level within a specialized unit, or at the local level. This subject is covered more extensively in the Management Resource Section of this Manual.

Effective personnel administration and manpower planning are also dependent upon the monitoring function. As state policies and goals for the child welfare service delivery system shift toward increasing emphasis on maintaining children in their own homes whenever possible and appropriate, local agencies may need more flexibility in staff assignments. It may be particularly important to allow local agencies discretion to reassign staff from foster care units to preventive services. Furthermore, it may be desirable to encourage local agencies to experiment with innovative models, such as the team approach, to coordinate service delivery to children and families and to more consistently meet workload standards.

EVALUATION: CONCEPTS AND QUESTIONS

With increasing pressures for accountability, program administrators are concerned about the problem of measuring program impact. The literature on prevention, however, frequently points to the lack of sound evaluative research in the field, particularly of primary preventive services. This deficiency is related in part to the difficulties involved in applying the concept of prevention to social problems. Definitive causes of social problems have rarely been established, primary prevention is targeted to resolve problems before the onset of defined pathology, and "proof" of effectiveness often rests in projections of probable future developments if intervention had not occurred.

At the most basic level, it is possible to define services and programs in terms of their potential preventive effects for the greatest number of individuals. At the minimum, a program plan should include measures of expected preventive impact in its statement of objectives.[1] For example, consider the following measures of program impact:

- the level of citizen awareness of the availability of services;[2]
- client and citizen satisfaction with services;[3]
- the number of self-referrals to preventive programs.[4]

The National Association for Mental Health suggests that all primary preventive activities include the following elements:

> "A condition which can be observed and recorded in precise terms; an identified population at risk for that condition; a measure of the incidence of the condition in the population; a clearly defined plan of intervention applied to the identified population; and the measurement of incidence following the intervention."[5]

Adherence to these premises will provide better indicators for evaluation than currently exist in many programs.

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[1] See Sundel and Homan, "Prevention in Child Welfare."

[2] See Sundel and Schanie, "Community Mental Health and Mass Media Preventive Education: The Alternatives Project," Social Service Review 52:2 (March 1978), pp. 297-306.

[3] See Millar, Hatry and Koss, Monitoring The Outcomes of Social Services (Washington, D.C.: The Urban Institute, 1977).

[4] See Rosenstein, "Family Outreach: A Program for the Prevention of Child Neglect and Abuse."

[5] See Klein and Goldston, "Preface," Proceedings of the Pilot Conference on Primary Prevention, April 1976 (Rockville, Maryland: National Institute of Mental Health, U.S. Department of Health, Education, and Welfare, 1977).

The organization of evaluation activities in many state departments of social services places responsibility for evaluation of all social services with one or several individuals. This broad responsibility may result in scant attention being placed on the evaluation of specific preventive services and programs. However, if the child welfare system is viewed within a preventive framework, planning of evaluations may stimulate evaluative questions that relate specifically to the impact of preventive services in a state. Examples of the kinds of questions that evaluators of preventive services may ask include:

- To what extent do the characteristics of the children and families receiving preventive services match those of the target population?
- Are preventive services maintaining children in their own homes who would otherwise be entering substitute care?
- How well are various programs meeting their objectives compared to alternatives?
- Has there been a reduction in the number of children entering substitute care?
- Has there been a reduction in the number of abuse and neglect, and delinquency petitions filed?
- Has there been a reduction in the abuse and neglect, and delinquency reincidence rates?
- How well are local preventive services and programs meeting their objectives compared to programs in other regions, controlling for major variations in client populations?

EVALUATION: STUDIES

Several evaluative efforts have attempted to compare the costs and effectiveness of preventive services or programs to other programs or types of services. For example, preliminary findings of a Rutgers University study show that residential care for children averaged $10,000 annually, foster care was $4,000, and a program aimed at preventing entry into substitute care and keeping families together averaged $800.[1] Other studies have suggested the cost-effectiveness of specific preventive services and programs in local agencies and states. The following table shows statewide cost estimates of residential and foster family care compared to two preventive service programs in the state of Iowa.[2]

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[1] Reported in Bulletin of the National Clearinghouse Project for Home-Based Services to Children 1:1 (Winter 1978). See Isabel Wolock, Ludwig Geismar, Harriet Fink and Barbara Dozzo. "Three Child Care Programs: A Comparative Study." (Publication pending)

[2] Chris Brenneman, Bulletin of the National Clearinghouse Project 1:1 (Winter 1978).

Residential Institutions in Iowa

	Average Population Under Age 18	Average Daily Cost	Average Annual Cost
3 Juvenile Detention Homes	320	$45.60	$16,643
3 State Hospitals/Schools	472	43.71	15,954
4 Mental Health Institutes	202	55.61	20,298
7 Private Group Homes	219	39.96	14,587

Foster Care Costs in Iowa

	Ages 0-5	6-11	12-15	16-20
Monthy Payment Per Foster Child	$130-250	170-255	210-295	220-305
Maximum Annual Payment	$3000	$3060	$3540	$3660

This is only payment of foster parents and does not include administrative costs.

Home-Based Services in Iowa

	Average # of Families	Monthly Cost	Annual Cost	Average # Individuals	Monthly Cost/ Indiv.	Annual Cost/ Indiv.
Program A Rural, operating for four years. Average family size is 5 members.	67	$750	$6000	355	$150	$1200
Program B Urban, operating one year. Average family size is 5 members.	22	550	5000	110	100	1000

These programs serve all family members and the families stay intact - there are no financial or personal costs of placement and separation. Administrative costs are included in these figures. Program A serves families for an average of 7 months.

A more extensive evaluation of a prevention-oriented service system which has had significant impact on child welfare service delivery is reported in A Comprehensive Emergency Services System for Abused and Neglected Children.[1] The evaluation consisted of a cost-effectiveness analysis of the new CES system for meeting the needs of abused, neglected, dependent and delinquent children and youth in Nashville and Davidson Counties, Tennessee. The CES system was compared over a two-year period to the previously fragmented service delivery system. The following table summarizes the analyses of the collected data.[2]

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[1] Marvin R. Burt and Ralph H. Balyeat, A Comprehensive Emergency Services System for Abused and Neglected Children. (New York: Vantage Press, 1978).

[2] Ibid., p. 52.

Effectiveness Criteria	Old System 1969-70	New System 1973-74	Change Number	Change Percent
N & D Petitions Filed	602	226	-336	- 56
Cases Screened/ No Petition Filed	770	2,156	+1,386	+180
N & D Children Institutionalized	324	50	-274	- 85
Children Less Than Six Institutionalized	180	0	-180	-100
Net Costs		- $68,000		

An example of a cost analysis of a specific service is provided by the Comparative Homemaker Cost Study, conducted by the State of North Dakota, Community Services Division. The actual cost of homemaker service was compared with the cost of alternative social services. A seven-part questionnaire was sent to a random sample of 41 counties in which a total of 594 cases were open for homemaker service in February and June, 1974. The sample cases represented 48% of the cases open at those times.

A rate for each alternative service was established. The cost of alternative services was arrived at by multiplying the rate by the number of days. For example, child foster care was computed by multiplying the rate times the number of days times the number of children. The cost of homemaker service was determined by multiplying the rate by the number of hours the homemaker spent in the home.

If homemaker service had not been available, the total statewide cost of alternative services would have been $92,829 for February and June of 1974. The actual statewide net cost of homemaker service for the same period was $30,657 or $62,172 less than what the cost of alternative services would have been. Alternative services would have cost 200 percent more than homemaker services.

This publication can be ordered at no charge from:

State Homemaker Supervisor
Social Service Board of North Dakota
State Capitol
Bismarck, North Dakota 58505

It is clearly not in the interest of agencies to conduct expensive, rigorous evaluations of programs which will have little impact on changing deficiencies in the system. However, thoughtfully planned and controlled evaluations, when carefully disseminated to key administrators, legislators and consumers can result in continued funding of successful programs and increasing emphasis placed on preventive services and programs.

CONCLUSIONS

This section has placed primary emphasis on preventive services focused on the community at large and families at risk within the community. An effective child welfare services delivery system should ultimately result in reduction of the active caseload of clients with severe problems (and the reincidence rate) with an accompanying increase in the number of children and families receiving primary preventive and early intervention services. Although few analyses of the costs associated with providing services to child welfare cases of varying severity have been conducted, the cost implications of overall reduction of the severity of cases should be considered. Over the long run, the move toward increased preventive services could lead to a reduction of the high cost of serving cases in an advanced stage of problem development.

Services and programs other than those directly provided by the child welfare system play a critical role in the prevention of problems associated with entry to the system. This focus requires a strong commitment to the community, and to coordination with other human service systems such as mental health, health and education. Furthermore, a preventive perspective implies that child welfare staff facilitate the development of community-based networks of support through churches and other civic and volunteer organizations. Child welfare administrators and practitioners must extend their vision and efforts beyond their immediate clients to the welfare of vulnerable children and families in their communities.

Preventive Services

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STATE CHILD WELFARE PROGRAM
SELF-ASSESSMENT MANUAL

IV. PROTECTIVE SERVICES

CHECKLIST

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

IV. PROTECTIVE SERVICES
Checklist

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INTRODUCTION

The State Child Welfare Program Self-Assessment Manual contains seven major sections. The first section (I) provides an introduction to the Manual, its conceptual framework, contents and use. The second section (II) addresses five management functions: Planning, Resource Development, Implementation, Monitoring, and Evaluation (which we have termed the PRIME system). The next five sections (III - VII) cover five child welfare program areas: Preventive Services, Protective Services, Foster Family Care, Residential/Group Care, and Adoption. The child welfare programs are organized within the context of the five management functions (PRIME).

The first part of the management section (Section II) and of the five child welfare program sections (Sections III - VII) consists of a self-assessment checklist. Accompanying each checklist are resource sections that highlight relevant research findings and provide a bibliography.

Definition of Protective Services

Protective Services are those services offered to alleviate or overcome harm to any child who is believed to be or found to be neglected, abused or exploited. Protective service cases are categorized as either emergency or ongoing. The major issues specifically related to the emergency category are immediate response capability, crisis intervention services and intake and investigation procedures. Ongoing protective service issues focus on continuity of service through effective case management, counseling, and home-based services. The purpose of protective services is to ensure that children receive acceptable levels of care. Whenever possible, protective services should be provided to children in their own homes.

Definitions of Management Functions

Planning is the process of developing future directions for programs and services based on analysis of past and present conditions. Topics included in this management function are the systematic assessment of need for services; the development of clear and measurable goals and objectives for child welfare programs, and the projection of resource requirements necessary for achieving program goals.

Resource Development includes those activities necessary to the development of personnel, facilities and funding to support the delivery of services as planned. Topics discussed include coordination of services, allocation of available resources through purchase of service and recruitment, financial administration and public information activities.

Implementation refers to those activities through which the state agency provides management assistance to enable local social service agencies/offices to provide services. Topics included in this function are development and dissemination of standards, guidelines and licensing requirements, personnel administration, and staff development and training.

Monitoring refers to those activities by which the state administrator determines whether what is supposed to occur does in fact occur. Included in this function are collecting data, monitoring the provision of services, licensing activities, and using monitoring findings.

Evaluation refers to the methods, procedures, and processes used by the state agency to determine the effectiveness and efficiency of child welfare programs and services. Effectiveness is measured by determining the extent to which the program and service are meeting the objectives; efficiency is measured by the costs of achieving objectives relative to the resources expended. The purpose of evaluation is to provide objective information and analyses to help administrators and others improve their ability to make program management decisions. Topics covered in this section include organization of evaluation activities, conduct of evaluation, and utilization of evaluation findings.

Instructions for Completing the Checklist

This checklist includes a set of goals, criterion questions, and scoring materials. The validity of the self-assessment depends on frank and accurate responses. In answering the questions, draw upon your professional judgment, relevant agency data, records and reports. The term "you" in certain criterion questions is equivalent to state agency responsibility (e.g., "Do you provide supporting documentation of need in making budget requests?"). "State agency" is used in a generic sense to refer to the central division and/or department at the state or county level that is responsible for child welfare services.

The Protective Services Checklist should be completed by the individual who has responsibility for protective services. This may be the State Child Protective Services Specialist or Child Abuse and Neglect Specialist.

To obtain the self-assessment scores for this checklist, please follow the instructions below:

1. Read the goals and accompanying criterion questions.
2. Answer each criterion question by checking (✓) "YES" or "NO".
3. Some criterion questions request specific data. For these "If yes, ...? _____" questions, retrieve and enter the data.
4. Compute the Goal Achievement Score on page IV-18 to obtain the state's score for the first function, (Planning).
5. Repeat steps 1-4 for each of the remaining four management functions (Resource Development, Implementation, Monitoring and Evaluation) covered in the checklist.
6. Instructions are given on page IV-41 for obtaining the state's program management score and the visual profile depicting the scores for the five management functions.
7. Return the Goal Achievement Program Summary to your child welfare program administrator or other individual responsible for coordinating the self-assessment process.

PROTECTIVE SERVICES GOALS

This section includes twelve (12) goals related to the management of protective service programs. Each goal covers one of five management functions: Planning, Resource Development, Implementation, Monitoring and Evaluation.

Planning (P) Goals

IV-P-1 The state agency ensures that the need for protective services (emergency and ongoing) is assessed on a planned, periodic basis.

IV-P-2 The state agency develops goals and objectives for child protective services.

IV-P-3 The state agency develops a plan for protective services that projects future resource requirements to meet established goals.

Resource Development (R) Goals

IV-R-1 The state agency makes provisions to ensure the coordination of protective services with other agencies and programs that serve children and their families.

IV-R-2 The state agency informs the public of the protective service needs of children and their families and reporting procedures.

Implementation (I) Goals

IV-I-1 The state agency develops and disseminates standards and guidelines for child protective services.

IV-I-2 The state agency provides staff development and training to local agencies/offices providing child protective services.

Monitoring (M) Goals

IV-M-1 The state agency collects data necessary to carry out protective services monitoring activities.

IV-M-2 The state agency monitors the provision of protective services.

IV-M-3 The state agency uses monitoring findings to help agencies correct deficiencies and improve protective services.

Evaluation (E) Goals

IV-E-1 The state agency evaluates the effectiveness and efficiency of protective services.

IV-E-2 The state agency promotes the use of evaluation results.

IV. PROTECTIVE SERVICES

Planning - Needs Assessment

Goal IV-P-1: The state agency ensures that the need for protective services (emergency and ongoing) is assessed on a planned, periodic basis.

Criterion Questions:

1. Is there a written procedure for conducting assessments of need for protective services? ____ YES ____ NO

2. Have you developed a clear definition of:

   a. Emergency protective services? ____ YES ____ NO

   b. Ongoing protective services? ____ YES ____ NO

3. Is there a unit or individual that conducts needs assessment studies for protective services? ____ YES ____ NO

4. Do you use more than one methodology in conducting needs assessment studies (e.g., citizen survey, key informant, client services data, secondary sources)? ____ YES ____ NO

5. Do you conduct these studies on a planned, periodic basis? ____ YES ____ NO

   If yes, how often? ____________

6. Have you defined the information needed in order to plan:

   a. Emergency protective services? ____ YES ____ NO

   b. Ongoing protective services? ____ YES ____ NO

7. Does the information needed in order to plan for emergency protective services include the following (for the state or region):

   a. Number of reports of alleged abuse? ____ YES ____ NO

   If yes, what is the number? ______

Criterion Questions: (cont'd)

b. Number of substantiated (or validated) cases of abuse?

______ YES ______ NO

If yes, what is the number? ________

c. Number of reports of alleged neglect?

______ YES ______ NO

If yes, what is the number? ________

d. Number of reports of substantiated (validated) cases of neglect?

______ YES ______ NO

If yes, what is the number? ________

e. The number of emergency protective service cases?

______ YES ______ NO

If yes, what is the number? ________

f. The average length of time a case remains in emergency status?

______ YES ______ NO

If yes, what is the length of time (in days)? ________

g. The number of ongoing cases that were initially emergencies?

______ YES ______ NO

If yes, what is the number? ________

8. Does the information needed in order to plan for ongoing protective services include the following (for the state or region):

a. The number of children now receiving ongoing protective services?

______ YES ______ NO

If yes, what is the number? ________

b. The ratio of children receiving ongoing protective services to all child welfare services clients?

______ YES ______ NO

If yes, what is it? ________

c. The number of protective service clients who received homemaker services?

______ YES ______ NO

If yes, what is the number? ________

Criterion Questions: (cont'd)

d. The number of protective service clients who received day care services? ___ YES ___ NO

If yes, what is the number? ________

e. The number of protective service clients who received casework counseling only? ___ YES ___ NO

If yes, what is the number? ________

f. The number of protective service clients referred to other agencies for services? ___ YES ___ NO

If yes, what is the number? ________

9. Does your needs assessment data enable you to compare numbers of protective services clients among counties and/or regions within your state? ___ YES ___ NO

10. Does your needs assessment process include a method for obtaining input from relevant community groups (e.g., consumers of service, local service providers, child advocacy groups)? ___ YES ___ NO

11. When possible, do you coordinate your needs assessment studies with those conducted by other state agencies or organizations? ___ YES ___ NO

12. Do you analyze past data to identify:

a. Changes in reporting rates of abuse and/or neglect? ___ YES ___ NO

b. Changes in characteristics of the protective service population? ___ YES ___ NO

13. Do you analyze the needs assessment data you collect to:

a. Identify the unmet need for protective services? ___ YES ___ NO

b. Determine the potential of existing resources to meet the need for services? ___ YES ___ NO

IV. PROTECTIVE SERVICES

Planning - Goal Setting

Goal IV-P-2: The state agency develops goals and objectives for child protective services.

Criterion Questions:

1. Do you have a formal procedure for setting statewide goals and objectives for protective services? ___ YES ___ NO

   If yes, how often is this done? ________

2. Have you established, at a minimum, the following goals or objectives for protective services:

   a. To increase the ratio of substantiated to reported cases of abuse/neglect? ___ YES ___ NO

   b. To provide prompt investigative response to all reports of alleged abuse/neglect? ___ YES ___ NO

   c. To assure equal availability and access to services throughout all regions (counties) of the state? ___ YES ___ NO

   d. To reduce the recurrence of abuse and neglect? ___ YES ___ NO

   e. To increase community awareness of the problem of abuse and neglect? ___ YES ___ NO

   f. To reduce unnecessary removal of children from their homes? ___ YES ___ NO

3. Are state protective service specialists involved in setting protective services goals and objectives? ___ YES ___ NO

4. Do you regularly obtain input from line protective service staff in formulating program goals and objectives? ___ YES ___ NO

5. Are all the protective service goals and objectives consistent with:

   a. Child Welfare League of America Standards? ___ YES ___ NO

   b. Federal Standards on the Prevention and Treatment of Abuse/Neglect? ___ YES ___ NO

Criterion Questions: (cont'd)

c. Accepted professional practice? ____ YES ____ NO

6. Do you use needs assessment findings in developing goals and objectives? ____ YES ____ NO

7. Do goal statements include a time schedule for goal achievement? ____ YES ____ NO

8. Are goals realistic and achievable as stated? ____ YES ____ NO

9. Do you use indicators to determine the extent to which goals have been achieved? ____ YES ____ NO

10. Do you have a formal method for setting protective services goal priorities? ____ YES ____ NO

11. Do you review goals and objectives on a periodic basis to determine whether they are still applicable? ____ YES ____ NO

IV. PROTECTIVE SERVICES

Planning - Projecting Resource Needs

Goal IV-P-3: The state agency develops a plan for protective services that projects future resource requirements to meet established goals.

Criterion Questions:

1. Do you have a plan that projects protective service resource requirements (e.g., personnel, facilities and equipment, funding) on an annual or biennial basis?
   ___ YES ___ NO

2. Do you use needs assessment data in projecting future resource requirements?
   ___ YES ___ NO

3. Does your plan include resource projections to meet the service needs of the following groups:

   a. Urban populations?
   ___ YES ___ NO

   b. Rural populations?
   ___ YES ___ NO

   c. Minority families (Blacks, Native Americans, Hispanics, Asians)?
   ___ YES ___ NO

   d. Migrant families?
   ___ YES ___ NO

   e. Military families?
   ___ YES ___ NO

   f. Handicapped children and their families (e.g., mentally retarded, physically handicapped, emotionally disturbed)?
   ___ YES ___ NO

   g. Other groups of children and their families (e.g., status offenders, runaways, pregnant teenagers, single parents, adjudicated delinquents)?
   ___ YES ___ NO

4. Have you analyzed the policy implications of your protective services plan in regard to:

   a. Availability of qualified personnel?
   ___ YES ___ NO

   b. Possible statutory constraints?
   ___ YES ___ NO

Criterion Questions: (cont'd)

c. Political constraints? ___ YES ___ NO

d. Community values and norms? ___ YES ___ NO

e. Financial constraints? ___ YES ___ NO

5. If needs assessment data indicate that protective service needs are not fully met, does your plan include ways to correct the deficiency? ___ YES ___ NO

6. Do you use the findings of evaluation studies in developing your plan for protective services? ___ YES ___ NO

Goal Achievement Score: Planning function of the PROTECTIVE SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
IV-P-1	________	divided by 28 =	________
IV-P-2	________	divided by 18 =	________
IV-P-3	________	divided by 16 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = $\boxed{\qquad \%}$

(Your state's Goal Achievement Score

on the Planning function of the

PROTECTIVE SERVICES Program)

IV. PROTECTIVE SERVICES

Resource Development - Through Coordination of Services

Goal IV-R-1: The state agency makes provisions to ensure the coordination of protective services with other agencies and programs that serve children and their families.

Criterion Questions:

1. Do you have a person, unit or group responsible for coordination of:

   a. Emergency protective services? ____ YES ____ NO

   b. Ongoing protective services? ____ YES ____ NO

2. Is there a single social agency responsible for:

   a. Receiving reports of alleged abuse and neglect (A/N)? ____ YES ____ NO

   b. Providing protective services? ____ YES ____ NO

3. In cases where the police receive reports of alleged A/N, do you encourage the development of a mechanism for their referral to social services personnel when appropriate? ____ YES ____ NO

4. Do you arrange for exchanges of information among agencies providing child welfare services and those providing other social services (Medicaid, food stamps, AFDC, etc.)? ____ YES ____ NO

5. Have you developed policies and procedures, where legally possible, for sharing information on individual clients and families among referring agencies? ____ YES ____ NO

6. Do you have an advisory committee that assists the state in coordinating the provision of child welfare services? ____ YES ____ NO

7. Does this committee include representatives from the following groups?

   a. Private organizations? ____ YES ____ NO

   b. Volunteer groups? ____ YES ____ NO

Resource Development - Through Coordination of Services

Criterion Questions: (cont'd)

c. Professional associations? ___ YES ___ NO

d. Citizen and consumer groups? ___ YES ___ NO

8. Do you have written agreements regarding service responsibilities with each state agency that serves children and their families (e.g., mental health, public health, juvenile justice, voluntary sector)? ___ YES ___ NO

9. Do you assist local public social service agencies to develop cooperative agreements with:

a. Public health departments? ___ YES ___ NO

b. Community mental health centers? ___ YES ___ NO

c. Drug and alcohol clinics? ___ YES ___ NO

d. Volunteer groups and community service organizations? ___ YES ___ NO

e. Family service agencies? ___ YES ___ NO

f. Public assistance casework units? ___ YES ___ NO

g. Schools? ___ YES ___ NO

h. Hospitals and clinics? ___ YES ___ NO

i. Police departments and other law enforcement agencies? ___ YES ___ NO

10. Do inter-agency cooperative agreements include provisions for:

a. Making inter-agency referrals? ___ YES ___ NO

b. Feedback to referring agency on whether client makes contact? ___ YES ___ NO

Resource Development - Through Coordination of Services

Criterion Questions: (cont'd)

c. Annual review of agreements? ___ YES ___ NO

d. Joint funding of projects, where applicable? ___ YES ___ NO

e. Joint staff development, where appropriate? ___ YES ___ NO

11. Do you provide written guidelines to all local agencies/offices on the use of inter-agency agreements? ___ YES ___ NO

12. Do you have a mechanism to determine whether guidelines are followed by local agencies/offices? ___ YES ___ NO

13. Do you maintain a statewide directory of available services and resources for children and their families? ___ YES ___ NO

If yes, how often is the directory updated?

____

14. Do you disseminate this directory throughout the state? ___ YES ___ NO

15. Do you provide assistance to local agencies/offices in developing a local directory of services and resources? ___ YES ___ NO

16. Do you request regular feedback from local agencies/offices regarding the usefulness of these directories? ___ YES ___ NO

IV. PROTECTIVE SERVICES

Resource Development - Through Public Information

Goal IV-R-2: The state agency informs the public of the protective service needs of children and their families and reporting procedures.

Criterion Questions:

1. Do you have an individual or unit responsible for informing the public regarding child protective services?
   ____ YES ____ NO

2. Do you meet regularly with the following groups to inform them of the needs of children and their families and the services available:

   a. Legislators and legislative committees?
   ____ YES ____ NO

   b. Community groups?
   ____ YES ____ NO

   c. Child and family advocacy groups?
   ____ YES ____ NO

   d. Professional organizations interested in the welfare of children in your state?
   ____ YES ____ NO

3. Do you respond promptly to requests for information from the public (e.g., legislators and the media)?
   ____ YES ____ NO

4. Do you utilize the following methods to provide information to the public:

   a. Television and radio spots?
   ____ YES ____ NO

   b. Newspapers?
   ____ YES ____ NO

   c. Pamphlets and brochures?
   ____ YES ____ NO

   d. Films and slides?
   ____ YES ____ NO

   e. Billboards and posters?
   ____ YES ____ NO

   f. Presentations by staff and volunteers?
   ____ YES ____ NO

IV. PROTECTIVE SERVICES

Resource Development - Through Public Information

Criterion Questions: (cont'd)

5. Do you specifically target your public information to the following:

   a. School personnel? ___ YES ___ NO

   b. Physicians? ___ YES ___ NO

   c. Hospitals and clinics? ___ YES ___ NO

   d. Law enforcement officers? ___ YES ___ NO

   e. Child care/day care personnel? ___ YES ___ NO

   f. Voluntary social agency staff? ___ YES ___ NO

   g. Citizens and consumers? ___ YES ___ NO

6. Do you inform local communities of the following:

   a. Definitions of abuse and neglect? ___ YES ___ NO

   b. Prevalence of abuse and neglect? ___ YES ___ NO

   c. Where to report alleged child abuse and neglect? ___ YES ___ NO

   d. The availability of protective services for children and their families? ___ YES ___ NO

Goal Achievement Score: Resource Development function of the PROTECTIVE SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
IV-R-1	________	divided by 33 =	________
IV-R-3	________	divided by 23 =	________
		Total =	________

Total multiplied by $\frac{100}{2}$ = $\boxed{\quad\quad \%}$

(Your state's Goal Achievement Score
on the Resource Development function
of the PROTECTIVE SERVICES Program)

IV. PROTECTIVE SERVICES

Implementation - Standards

Goal IV-I-1: The state agency develops and disseminates standards and guidelines for child protective services.

Criterion Questions:

1. Do you have standards and guidelines for child protective services? ___ YES ___ NO

2. Do you regularly review standards and guidelines to ensure that they are consonant with the following:

   a. Federal and state legislation regarding these services? ___ YES ___ NO

   b. Community norms and values? ___ YES ___ NO

   c. Practice guidelines established by professional organizations? ___ YES ___ NO

3. Are the following services available to all protective services clients throughout your state or region:

   a. Counseling services? ___ YES ___ NO

   b. Medical evaluations? ___ YES ___ NO

   c. Psychological evaluations? ___ YES ___ NO

   d. Day care services? ___ YES ___ NO

   e. Homemaker services? ___ YES ___ NO

   f. Crisis phone lines? ___ YES ___ NO

4. Within the past year, have you requested input regarding the impact of standards on service provision from:

   a. Public agencies? ___ YES ___ NO

   b. Private agencies? ___ YES ___ NO

   c. Citizens and consumers ___ YES ___ NO

Criterion Questions: (cont'd)

5. Where applicable, do standards reference the legislation on which they are based? ____ YES ____ NO

6. Do you advocate for or against state bills based on your review of pending protective service legislation? ____ YES ____ NO

IV. PROTECTIVE SERVICES

Implementation - Staff Development and Training

Goal IV-I-2: The state agency provides staff development and training to local agencies/offices providing child protective services.

Criterion Questions:

1. Do you have a method of identifying the staff development and training needs of local agencies/offices? ____ YES ____ NO

2. Is there a person or unit responsible for coordinating and providing staff development and training in areas of identified need? ____ YES ____ NO

3. Do you inform every local agency/office of the person at the state level who is responsible for providing information on staff development and training activities? ____ YES ____ NO

4. Do you use federal matching funds for training of protective services staff? ____ YES ____ NO

5. Do you provide specialized training programs for protective services staff? ____ YES ____ NO

6. Are staff development opportunities available for personnel in agencies from which you purchase care? ____ YES ____ NO

7. Do you assist colleges and universities in developing course work relevant to protective services? ____ YES ____ NO

8. Do you provide funds for:

   a. Staff to attend university workshops, seminars and courses? ____ YES ____ NO

   b. Educational leave for graduate training? ____ YES ____ NO

   c. Participation in professional conferences and meetings? ____ YES ____ NO

Criterion Questions: (cont'd)

9. Do you work with local staff:

   a. To set training priorities? ___ YES ___ NO

   b. To design in-service training programs? ___ YES ___ NO

   c. To disseminate new training materials for child protective services staff? ___ YES ___ NO

10. Do you require all protective service workers to participate in at least one in-service training program each year? ___ YES ___ NO

11. Do you assess your staff development and training programs in the following ways:

   a. Number of training programs offered? ___ YES ___ NO

   b. Number of staff attending? ___ YES ___ NO

   c. Systematic feedback regarding satisfaction with the programs? ___ YES ___ NO

Goal Achievement Score: Implementation function of the PROTECTIVE SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses	
VI-I-1	________	divided by 15 = ________
VI-I-2	________	divided by 17 = ________
		Total = ________

Total multiplied by $\frac{100}{2}$ = ________ %

(Your state's Goal Achievement Score

on the Implementation function of the

PROTECTIVE SERVICES Program)

IV. PROTECTIVE SERVICES

Monitoring - Data Collection

Goal IV-M-1: The state agency collects data necessary to carry out protective services monitoring activities.

Criterion Questions:

1. Do you have resources to collect the data to meet your monitoring objectives, including:

   a. Management information system? ___ YES ___ NO

   b. Data processing capability? ___ YES ___ NO

   c. Clerical and support staff? ___ YES ___ NO

   d. Analytic staff? ___ YES ___ NO

   e. Staff to conduct site visits? ___ YES ___ NO

2. Is there one individual or unit that is responsible for collecting monitoring data on protective services activities? ___ YES ___ NO

3. Are local staff involved in:

   a. Decisions regarding which data are to be collected? ___ YES ___ NO

   b. Decisions regarding frequency of reporting? ___ YES ___ NO

   c. Establishment of procedures for collecting data? ___ YES ___ NO

   d. Development of data reporting forms? ___ YES ___ NO

4. Do you use all data that are collected? ___ YES ___ NO

5. Do you consolidate reporting requirements to eliminate duplication? ___ YES ___ NO

6. Are reporting forms regularly reviewed to:

   a. Update data requirements? ___ YES ___ NO

   b. Delete obsolete items? ___ YES ___ NO

Criterion Questions: (cont'd.)

7. Do you always inform local staff of the reasons for changes in reporting requirements? ____ YES ____ NO

8. Do you make periodic site visits to:

    a. Review a sample of case records? ____ YES ____ NO

    b. Observe the accuracy of data collection procedures? ____ YES ____ NO

9. Do you give local agencies/offices summaries of relevant data they have reported? ____ YES ____ NO

    If yes, how often? __________

10. Do you collect at a minimum the following data on protective services programs:

    a. Number of reports of abuse/neglect received by geographic distribution (i.e., county, region, or district)? ____ YES ____ NO

    b. Number of children receiving protective services? ____ YES ____ NO

    c. Number of protective service cases closed in the past year? ____ YES ____ NO

    d. Number of children removed from their homes? ____ YES ____ NO

    e. Number of families referred for service? ____ YES ____ NO

    f. Number of emergency cases in the past year? ____ YES ____ NO

IV. PROTECTIVE SERVICES

Monitoring - Service Provision

Goal IV-M-2: The state agency monitors the provision of protective services.

Criterion Questions:

1. Is there an individual or unit responsible for:

   a. Conducting monitoring activities? ____ YES ____ NO

   b. Analyzing the data on services provided? ____ YES ____ NO

2. Do you use objective measures to identify deficiencies in:

   a. Program management? ____ YES ____ NO

   b. Service delivery? ____ YES ____ NO

   c. Facilities? ____ YES ____ NO

3. Do you periodically review a random sample of local agency case records? ____ YES ____ NO

4. Do your monitoring activities enable you to identify:

   a. An unduplicated count of children receiving protective services at any given time? ____ YES ____ NO

      If yes, what is it? ____________

   b. Average length of time a case maintains protective status? ____ YES ____ NO

      If yes, how long? ____________

   c. Whether every child and family has a written case plan? ____ YES ____ NO

   d. Whether case plans are reviewed at least once every six months? ____ YES ____ NO

Criterion Questions: (cont'd)

* 5. Do you provide assistance to local agencies in monitoring purchase of service contracts? ___ YES ___ NO

* If you have responsibility for monitoring purchase of service contracts see Goal II-M-4 in the Management checklist for additional questions.

IV. PROTECTIVE SERVICES

Monitoring - Utilization of Findings

Goal IV-M-3: The state agency uses monitoring findings to help agencies correct deficiencies and improve protective services.

Criterion Questions:

1. Do you give local agencies/offices summaries of relevant data they have reported?

   ____ YES ____ NO

2. Do you inform local agencies/offices in writing of the positive and negative findings of your monitoring activities?

   ____ YES ____ NO

3. Do you determine the reasons for agency deficiencies?

   ____ YES ____ NO

4. Is there a formal procedure for agencies to follow in responding to a report of negative findings?

   ____ YES ____ NO

5. Do you offer recommendations to help agencies correct deficiencies and improve services?

   ____ YES ____ NO

6. Do you provide technical assistance and consultation to enable agencies to correct deficiencies and improve services?

   ____ YES ____ NO

Goal Achievement Score: Monitoring function of the PROTECTIVE SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
IV-M-1	________	divided by 24 =	________
IV-M-2	________	divided by 11 =	________
IV-M-3	________	divided by 6 =	________
		Total =	________

Total multiplied by $\frac{100}{3} = \boxed{\quad \%}$

(Your state's Goal Achievement Score

on the Monitoring function of the

PROTECTIVE SERVICES Program)

Evaluation - Conduct of Evaluation Studies

Goal IV-E-1: The state agency evaluates the effectiveness and efficiency of protective services.

Criterion Questions:

1. Before formal program evaluations are initiated, are protective services assessed to determine whether:
    a. Goals and/or objectives are stated in measurable terms? ____ YES ____ NO
    b. A data collection system has been established? ____ YES ____ NO
    c. Descriptive program data are routinely collected? ____ YES ____ NO
    d. Outcome measures have been established? ____ YES ____ NO
2. Do evaluation staff recommend necessary changes if the above criteria (a-d) for evaluating services are inadequate or missing? ____ YES ____ NO
3. Are evaluation studies conducted to:
    a. Determine whether protective services are achieving their stated goals and objectives? ____ YES ____ NO
    b. Compare the outcomes (i.e., extent of goal achievement) of protective services in different parts of the state or region? ____ YES ____ NO
4. Have units of service been defined for protective services? ____ YES ____ NO
5. Are there procedures for computing costs of units of service? ____ YES ____ NO

Criterion Questions: (cont'd)

6. Are cost analysis studies conducted to:

   a. Determine the cost of achieving desired outcomes? ___ YES ___ NO

   b. Determine the cost effectiveness of alternative programs? ___ YES ___ NO

7. Is there a plan to evaluate all protective services? ___ YES ___ NO

8. Are new protective services and demonstration projects designed to include an evaluation component? ___ YES ___ NO

9. Is technical assistance provided to local agencies/offices in designing and conducting protective services research studies? ___ YES ___ NO

10. Does the state agency encourage local agencies/offices to conduct:

    a. Self-assessment activities? ___ YES ___ NO

    b. Surveys of client satisfaction with services? ___ YES ___ NO

Evaluation - Utilization of Evaluation Results

Goal IV-E-2: The state agency promotes the use of evaluation results.

Criterion Questions:

1. Are findings of evaluation studies presented to key individuals including:

   a. Program staff?

   ____ YES ____ NO

   b. Program administrators?

   ____ YES ____ NO

   c. Legislators?

   ____ YES ____ NO

2. Are various methods used to disseminate evaluation results (e.g., memos, printed reports, briefings, direct contact)?

   ____ YES ____ NO

3. Are findings of evaluation studies made available to decision makers when program and budget decisions are being made?

   ____ YES ____ NO

4. Do evaluation reports include:

   a. Recommendations for change?

   ____ YES ____ NO

   b. Action steps necessary to implement the change?

   ____ YES ____ NO

5. Are program staff encouraged to respond in writing to evaluation reports regarding:

   a. Their interpretation of evaluation findings?

   ____ YES ____ NO

   b. Their recommendations for changes?

   ____ YES ____ NO

6. Is technical assistance provided to local agencies/offices to implement agreed upon changes?

   ____ YES ____ NO

7. Are the recommendations of protective services evaluation studies incorporated in child welfare program plans?

   ____ YES ____ NO

Goal Achievement Score: Evaluation function of the PROTECTIVE SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
IV-E-1	________	divided by 16 =	________
IV-E-2	________	divided by 11 =	________
		Total =	________

Total multiplied by $\frac{100}{2}$ = $\boxed{\quad\%}$

(Your state's Goal Achievement Score

on the Evaluation function of the

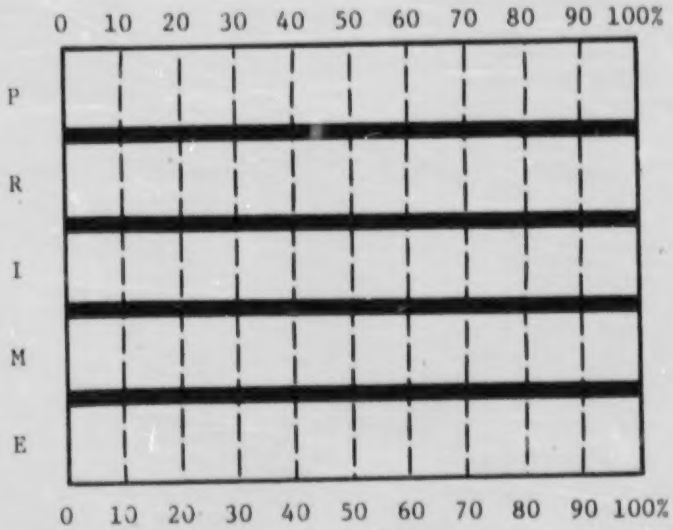
PROTECTIVE SERVICES Program)

Goal Achievement Program Summary for the PROTECTIVE SERVICE Program

The chart and profile below provide a summary of the PROTECTIVE SERVICE Program in your state. Fill in the chart below, entering the scores from the goal achievement summaries you have already completed (see page references provided below). To complete the Visual Profile, draw a line at the point in the column that corresponds to the score for each of the five (5) management functions. For example, if your state's score for the Planning (P) function were 65, you would draw a vertical line halfway between 60 and 70 to the right of the P (Planning) function on the profile. Fill in the space up to that line with a pen or pencil, as in a bar chart. The shaded areas depict the percentage of achievement for each management function. The unshaded area shows the remaining percentage to be achieved to obtain a perfect score (100%).

Function	Page	Goal Achievement Score
(P) Planning	(IV-18)	_____
(R) Resource Development	(IV-24)	_____
(I) Implementation	(IV-29)	_____
(M) Monitoring	(IV-35)	_____
(E) Evaluation	(IV-39)	_____

VISUAL PROFILE: PROTECTIVE SERVICE



STATE CHILD WELFARE PROGRAM
SELF-ASSESSMENT MANUAL

IV. PROTECTIVE SERVICES
RESOURCE SECTION

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

IV. PROTECTIVE SERVICES

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INTRODUCTION

Protective services are defined in this Manual as those services offered to alleviate or overcome harm to any child who is considered or found to be neglected, abused or exploited. The purpose of protective services is to ensure that children receive acceptable levels of care. Protective service cases are categorized as either emergency or ongoing. The major issues specifically related to the emergency category are immediate response capability, crisis intervention services and intake and investigation procedures. Ongoing protective service issues focus on continuity of service through effective case management, counseling, and home-based services.

A recent national study of social services to children and their families found that 33% of the estimated 1.8 million children who received social services early in 1977 were receiving protective services. The study, conducted by Shyne and Shroeder was funded by the Administration for Children, Youth, and Families, Department of Health, Education, and Welfare. The findings of this study showed that protective services "led all services in the frequency with which it was provided."[1] Problems of neglect (268,000 children) and abuse (118,000 children) were the two most frequently cited reasons children were served.

Recent estimates of the national incidence of abuse and neglect indicate that "200,000 - 300,000 children are physically abused; 60,000 - 100,000 are sexually abused; and 700,000 - 800,000 are neglected. More than 2,000 children die in circumstances suggestive of abuse or neglect."[2]

A responsibility of the state agency is to ensure that protective services are available and provided to all children and families who may need them. In order to facilitate the provision of adequate and appropriate protective services, state administrators must continously apply and develop their expertise in management skills. Planning, resource development, implementation, monitoring and evaluation are five principal management functions necessary to administer protective service programs. This section presents research findings, procedures and resources related to the administration and supervision of protective service programs at the state or county level.

Some essential tools used in state level planning for comprehensive child abuse and neglect programs will be covered, including a statewide needs assessment to determine the number of children for whom protective services may be needed. Aspects of planning that will be discussed include formulating clear goals and objectives which meet the protective service needs of the community, establishing priorities, and projecting resource needs.

---

[1] Ann Shyne and Anita Schroeder, National Study of Social Services to Children and Their Families (Washington, D.C.: Administration for Children, Youth, and Families, Department of Health, Education, and Welfare, August 1978), p. 55.

[2] Draft Model Child Protection Act with Commentary. (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, Department of Health, Education, and Welfare, August 1977), Introduction.

A coordinated system of delivery of services for the identification, prevention, and treatment of child abuse and neglect should be in place to eliminate gaps, fragmentation and unnecessary duplication of services. The use of a coodinating committee is suggested as a means of linking representatives from agencies that deliver services with other public social service agencies and concerned citizens.

The state is responsible for interpreting child abuse statutes to local agencies and to the public and ensuring that these laws are effectively implemented. Approaches to informing the public of the protective service needs of children and their families and the reporting procedures are presented. Establishing child abuse and neglect policies and guidelines by the state office also will be addressed. Federal standards on the identification, prevention, and treatment of child abuse and neglect will be examined. Methods for developing comprehensive state laws that satisfy the eligibility requirements for federal funds will be presented. Staff development and training materials, as well as resources that have been developed to help states improve the administration and management of services, are also included in this section.

Several methods for monitoring and evaluating the operation of protective service programs will be presented. The techniques used in several evaluations of the efficiency and effectiveness of the child abuse and neglect programs are also outlined.

PLANNING: NEEDS ASSESSMENT

It is a responsibility of the state to provide protective services for each child who may need these services; therefore, the state should plan and develop statewide programs aimed at the prevention, identification and treatment of child abuse and neglect. Program planning is an essential process that should be undertaken prior to implementing a protective services program. As part of the process of developing program plans for abused and neglected children and their families, the state should: 1) determine the number of children in the state who need or might need protective services; 2) ascertain what services are required to protect these children and; 3) determine the availability of existing and potential resources to meet the identified service needs.

Needs assessment is one of the primary research methodologies that can be used to determine protective service needs. However, a survey of child welfare service delivery systems in 25 states found that although most states recognize the importance of needs assessment, few states engage in organized needs assessment.1/ Instead, states tend to: 1) rely upon informal processes (staff experience, suggestions, etc.) for assessing need for services; 2) carry out the assessment in connection with special services or specific program areas, rather than include a comprehensive coverage of child welfare needs; 3) collect insufficient information and statistics on volume and costs of services; 4) lack a clear concept of what information is needed or required in performing the assessment; and 5) obtain minimal consumer input. The purposes of a needs assessment are:

- to help determine the adequacy of the current abuse/neglect service delivery system by identifying gaps in available services or duplication of efforts by different programs;
- to ensure that new or modified activities address community needs on a priority basis, e.g., solving the most important problems first;
- to ensure that plans are not made in a vacuum, in the absence of critical information which may later affect the implementation of the new program;
- to improve coordination of the entire community system by involving other pertinent agencies and staffs early in the planning process and by developing a cooperative spirit among the participants;
- to provide information that can be used as a baseline against which to evaluate the effectiveness of subsequent changes in the system.2/

1/ Child Welfare in 25 States - An Overview (Washington, D.C.: Office of Human Development, Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976).

2/ Planning and Implementing Child Abuse and Neglect Service Programs (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976), p. 17-18.

Various needs assessment methodologies have been developed that can be adapted to a needs assessment of a community child abuse and neglect system.[1] The following steps are offered as guidelines that can be used for structuring a needs assessment:

1. Identify all key agencies and individuals that deal with abused and neglected children and their families.
2. Determine what information needs to be collected.
3. Obtain copies of existing information such as previous needs assessment studies.
4. Develop or obtain data collection instruments.
5. Collect the data.
6. Analyze the information collected and determine community needs.
7. Develop a plan for periodic reassessment.

Listed below are some of the kinds of questions that should be answered by a thorough needs assessment of abused and neglected children in the state:

Community Resources Currently Available

1. How many agencies or individuals in the community system provide some service to abusive/neglectful families and who are they?
2. What proportion of time is spent by these individuals specifically on abuse/neglect problems?
3. What functions do these individuals perform in the community system?

Effectiveness of the Service System

1. How many reports of abuse/neglect are received by all agencies in the community; is this number increasing? How does this number compare with national reporting rates or reporting rates for similar communities? What percent are repeat cases?
2. Is the number of reports from previously nonreporting sources increasing?
3. What proportion of reported cases receive an investigation?

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[1] See the Management Resource Section pp.59-61 for a list of publications on needs assessment.

4. What proportion of substantiated cases receive some services from community agencies?

5. How many abused/neglected children are removed from their homes? Returned home? How long does a child usually remain in foster care?

6. How many agencies perform some follow-up on the majority of their terminated cases?

7. What are the basic problems of the system as perceived by service providers?

8. What are the basic problems of the system as perceived by clients (or former clients)?

9. Are community residents and professionals aware of the problem of child abuse/neglect and the resources available to deal with it?1/

New Jersey and Texas are examples of two states that have used needs assessment techniques to determine their statewide protective service needs and/or to identify existing community resources that could meet these needs. New Jersey used an estimate of incidence rate methodology to determine its protective services need while Texas collected data from a sample of protective service case records in its various counties. Data were also obtained from other sources such as agency staff and leaders of community organizations. The research methodologies can be replicated by states interested in conducting such studies.

The New Jersey Department of Human Services used the estimate methodologies reported on by Nagi 2/ and Light 3/ to estimate the incidence of abuse per county, and to project treatment needs. A report, which may be of interest to other states, was developed that outlines the procedure used.4/ The report, "Child Abuse and Neglect", is available from:

New Jersey Department of Human Services
Bureau of Research
1 S. Montgomery Street
Trenton, New Jersey 08625

The New Jersey experience shows that estimate methodologies used in national studies of the incidence of abuse and neglect can be adapted by

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1/ Planning and Implementing Child Abuse and Neglect Service Programs, pp. 20-23.

2/ Saad Z. Nagi. "Child Abuse and Neglect Programs: A National Overview" in: Children Today, 4:3, (May-June 1975).

3/ Richard Light. "Abused and Neglected Children in America: A Study of Alternative Policies" in: Harvard Educational Review, 43:4, (November 1973), pp. 556-598.

4/ "Child Abuse and Neglect in New Jersey." (Trenton, New Jersey: State of New Jersey Department of Human Services, April 1977).

states to identify the actual or projected reports of abuse and neglect. Estimating the incidence of abuse or neglect by county can help states to identify gaps in protective service coverage. In addition these estimates allow states to project needs and costs, and to make caseload estimates.

The methodologies used in the Nagi and Light studies were replicated in the New Jersey needs assessment. The following discussion will focus on the research designs employed by Nagi and Light. The Nagi Study, conducted by the Mershon Center at The Ohio University, was based on a sample survey of reports of abuse and negelct received by agencies in 129 counties in the United States during October 1972 through September 1973. This study was supported by a grant from the Office of Child Development, Department of Health, Education, and Welfare. The counties involved in the study provide services to 1/3 of the total U.S. population.

The 1970 U.S. Census data on numbers of children under age 18 were used as a basis for computing rates of reporting. Nagi weighted the reported rates by the number of households in the population areas represented and predicted that 600,000 reports of child abuse and neglect came to the attention of local agencies during that year.1/

Light based his national estimate of abuse and neglect on a sample survey of the actual or confirmed cases of abuse known. This method was developed in an attempt to revise Gil's estimate of the national incidence of child abuse and neglect.2/ Light presents models that can be used to estimate the national incidence of abuse and an upper bound on the proportion of abusing families. Using these models Light estimated that "0.004 of all American families physically abuse a child 3/ and "an upper bound estimate that approximately 0.01 of all American families physically abuse a child... Thus the number of physically abusing families can be estimated as approximately (0.004) (31,000,000) = 124,000... a reasonable upper bound to the number of physical abuse cases is (0.010) (31,000) (1.6) = 500,000".4/ It should be noted that there has been wide discrepancy in the incidence rates reported for abuse and neglect; therefore it is difficult to have a great deal of confidence in any of the individual rates reported.5/

1/ See: Saad Z. Nagi. "Child Abuse and Neglect Programs: A National Overview." for a more detailed discussion of the procedures used in the study.

2/ In a 1965 study, David Gil estimated that "2.53 to 4.07 million adults in the U.S. personally knew families involved in incidents of child abuse during the year preceding the survey." However, Gil's figures are generally considered to be overestimates of the problem. See David G. Gil. Violence Against Children: Physical Child Abuse in the United States (Cambridge, Massachusetts: Harvard University Press, 1970), p. 59.

3/ Richard Light. "Abused and Neglected Children in America: A Study of Alternative Policies," p. 565. See pp. 556-598 of this article for a more detailed discussion of the models used to estimate abuse.

4/ Light, "Abused and Neglected Children in America," p. 566.

5/ See: 1977 Analysis of Child Abuse and Neglect Research. (Washington, D.C.: National Center on Child Abuse and Neglect, U.S. Children's Bureau, Department of Health, Education, and Welfare, January 1978).

It should be noted that a more recent attempt to obtain accurate national data on the reported incidence of abuse and neglect has been undertaken by the Child Protection Division of the American Humane Association. The purpose of this study, funded by the National Center on Child Abuse and Neglect of the Children's Bureau, Administration for Children, Youth and Families, DHEW, is to establish a data base system for the collection of national data on the officially reported incidents of child abuse and neglect. The objectives of the project are to systematically gather data on the nature, and characteristics of child abuse and neglect; to collect information on reporting sources, action taken by the receiving agencies, and outcomes with respect to impact on children; and to disseminate periodic reports and analysis with respect to trends and national status of the problem.

The project, referred to as the National Study on Child Neglect and Abuse Reporting, serves as a national information resource. The reporting system operates in the following manner: States fill out a reporting form, supplied by the project, which describes the abuse or neglect incident that has taken place. No identifying information such as names and addresses is reported. The statistics are processed by the project free of charge and put into a quarterly report which is sent to the states. "The quarterly cumulative data help the states to plan budgets, allocate positions, evaluate effectiveness of Child Protective Services at local levels and aids understanding of contributing factors that lead to child neglect and abuse."1/ The statistics are used to compile an annual national report which is sent to the states.

Statistics on the incidence of abuse and neglect can be used to facilitate constructive planning for coordinated preventive and treatment services. Technical assistance is available at no cost to help states accomplish data processing procedures for full participation in the study. Orientation and training in the use of the reporting form and technical consultation to state data processors is also available.

For further information contact:

The National Study on Child Neglect
and Abuse Reporting
5351 S. Roslyn Street
Englewood, Colorado 80110

In 1976, the Texas State Department of Public Welfare (DPW) conducted a needs and resources assessment study as part of the state's Child Abuse and Neglect Resources Demonstration (CANRED) Project. The purpose of the project was to determine:

> "(1) the service needs of families in which child abuse and neglect has occurred; (2) the resources used to meet those needs; and (3) the needs for which resources are inadequate or do not exist."2/

1/ "The National Study on Child Neglect and Abuse Reporting," (Denver, Colorado: The American Humane Association 1977) pamphlet.

2/ Child Abuse and Neglect Resources Demonstration (CANRED) Project: Needs and Resources Assessments (Austin, Texas: Texas State Department of Public Welfare, September 30, 1976), p. 12.

Data were collected from five data sources which included: a stratified random sample of 3,120 open and closed protective services case records from six representative counties; DPW protective services delivery staff; other human service agency personnel; a client sample of Parents Anonymous members and current DPW protective services clients; and the leaders of voluntary community organizations.

From these data sources the researchers were able to identify the following:

1. Frequency of service needs by county;
2. Frequency of use of agencies by general service category;
3. Relationship between case category and service needs;
4. Relationship between direct/indirect status by needs identified;
5. Frequency of barriers to resource utilization by service need;
6. Frequency of service gaps by counties.

The study also sought to develop a typology of case types asssociated with sets of service needs. Thirteen basic case types were identified: physical neglect, medical neglect, emotional neglect, educational neglect, lack of supervision, abandonment, physical abuse, emotional abuse, sexual abuse, exploitation, truancy, runaway, and unwed parenthood.

The case type of each child in each of the 3,120 individual case records was noted. In addition, the 92 protective service staff were asked to categorize sample cases according to the thirteen basic types. Five case types appeared in both the sample cases and in the most frequently occurring case types in case records. An analysis of these five case types -- physical abuse, physical neglect, lack of supervision, abandonment and medical neglect -- across the two data sources revealed that "there is a relationship between needs and case type, but that families with similar case types... also have many other family-specific needs."1/

For further information on this study write:

Texas State Department of Public Welfare
Office of Planning and Management Systems
Special Projects Bureau
3000 S. Interregional
Austin, Texas 78704

Planning and Implementing Child Abuse and Neglect Service Programs, a publication developed by Berkeley Planning Association, is a resource that may assist states to plan child abuse and neglect programs and to conduct a needs assessment.2/ The material was developed through a grant from the U.S.

1/ Child Abuse and Neglect Resources Demonstration (CANRED) Project, p. 69.

2/ Planning and Implementing Child Abuse and Neglect Service Programs. (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976).

Children's Bureau of the Administration for Children, Youth and Families, DHEW. The document includes a chapter that discusses the purpose of needs assessment, the types of information that might be included in a needs assessment, and an outline of a method for conducting an assessment of needs. This document can be ordered from:

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402.
Stock #017-092-000-23-5.
Price $3.00

States serving rural populations may be interested in obtaining the following resource material: A Planning Model For The Development of Programs For Abused and Neglected Children In Rural Areas.1/ This publication is available from:

Regional Institute of Social Welfare Research
468 Milledge Avenue
Post Office Box 152
Athens, Georgia 30601
Price $2.50

PLANNING: GOAL SETTING

After the state has documented its protective service needs through a needs assessment, these needs should be prioritized. Priorities should be based on the comparative importance of one need with respect to another need. Once priorities have been established, goals can be developed. The information gained from needs assessment can be used to define program goals that address both the community's and the clients' protective service needs. Goal statements should be realistically attainable, cover important components of the protective service programs, be stated in clear terms and include objective indicators that allow for evaluation and monitoring.

An example of a clearly stated child abuse and neglect program goal is listed on the following page. Two of the objectives and indicators for meeting this goal are also included.

1/ W. A. Chamberlain, A Planning Model For The Development of Programs For Abused and Neglected Children In Rural Areas. (Athens, Georgia: Regional Institute of Social Welfare Research, Inc., n.d.).

Program Goal	Objectives and Indicators
To reduce the recurrence of abuse in the programs' client families by developing a family treatment approach that includes an educational and therapeutic environment for both parents and children.	1) Implementation of the service components comprised in the treatment model. a. Types of services offered by the program for children or parents separately. b. Types of services offered by the program for working with the family as a unit.
	2) Use of program services by families. a. Percentage of client families having more than one member receiving program services. b. Percentage of client families having both a parent and a child receiving program services.1/

The written service plans for each protective service case also should include clearly stated service goals. The following are the three most often indicated goals for neglect and abuse cases identified by a recent national study of social services to children and their families:

- strengthening the family to lessen the need for placement of children;
- modification of personal functioning (i.e., mental health); and
- modification of family relationships.2/

Protective service program goals and client services goals should be periodically reviewed to ensure their applicability and to determine their achievement.

PLANNING: PROJECTING RESOURCE NEEDS

Data on the annual incidence of child abuse and neglect can be used by states to project future protective service program needs. This information can also aid states in determining staffing requirements to meet statewide protective service needs. A resource projection will enable the state to determine which protective services are in short supply and high demand. For example, an increase in one or all of the frequently recommended services such as health

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1/ Planning and Implementing Child Abuse and Neglect Service Programs: The Experience of Eleven Demonstration Projects (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, DHEW, 1976) pp. 34-35.

2/ Shyne and Shroeder, National Study of Social Services to Children and Their Families, p. 90.

services, homemaker services, counseling or mental health services may indicate a need for increased staff to provide these services. The reader is referred to the Management Resource section of this Manual for a detailed discussion on projecting resource needs.

RESOURCE DEVELOPMENT: COORDINATION

State laws vary in regard to which agency is mandated to receive and/or act upon any reports of suspected child abuse or neglect. State reporting laws may designate this responsibility to a single agency or to more than one agency. Reports are either received through a central registry, a child protection agency or the police. The most important consideration is that a coordinated system be in place for the provision of protective services. The State Department of Social Services is usually the social institution designated this responsibility in addition to the coordination of child protective services. Recently developed Federal Standards for the Prevention, Identification and Treatment of Child Abuse are:

> "based on the position that there should be only one social institution to which high risk families and families suspected of child abuse and neglect should be referred or reported. This will help eliminate confusion about where societal responsibility resides. Further, the standards are based on the premise that this one service institution should be the same in all states and communities so that today's transient families are consistently aware of their prime source of societal assistance."[1]

Several publications of The National Center on Child Abuse and Neglect recommend that a state child abuse and neglect coordinating committee be appointed to develop linkages and coordinate the state's efforts with those of other state and federal agencies.[2] These committees should include representatives from key agencies concerned with or providing services related to child abuse and neglect prevention, identification and treatment. Such groups include representatives from other state departments, private organizations, volunteer groups, professional associations, citizen and consumer groups. The Federal Standards for the Prevention, Identification and Treatment of Child Abuse and Neglect suggest that the State Child Protective Services Division and the State Committee should jointly develop a comprehensive and coordinated plan for delivery of services to high-risk children and families.

Some additional functions of the coordinating committee might be:

1. To develop data collection procedures.
2. To collect and analyze data which highlights gaps and duplication of services.

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[1] Federal Standards for the Identification, Prevention, and Treatment of Child Abuse and Neglect. (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare, July 1977), p. II-22.

[2] See the Draft Model Child Protection Act p. 68, Federal Standards for the Identification, Prevention and Treatment of Child Abuse and Neglect and Protective Services for Abused and Neglected Children and Their Families. (Washington, D.C.: U.S. Department of Health, Education, and Welfare, (SRS), 1977), p. 8.

3. To develop strategies for eliminating duplication of services.
4. To oversee the implementation of the state's annual plan for children and families.
5. To develop interagency agreements between the state office and other service systems.
6. To develop policies and procedures regarding service delivery.

The major purpose of coordination among agencies providing child abuse and neglect services is to reduce or eliminate fragmentation and unnecessary duplication of services. A federal guide for state and local departments of public social services on the delivery of protective services suggests that,

> "The state director responsible for protective services should work closely with other divisions of the public agency in all matters relating to the planning and delivery of child welfare and other social services, including active participation in policymaking decisions.
>
> The state protective services office should also assign a field representative to each region (or other political subdivisions) of the state. The responsibility of the field representatives is to represent the state office, assuming a liaison, consultative, technical assistance and monitoring role between the state office and local departments, thus facilitating the flow of information from the state to the local departments and from the local departments to the state."1/

State agencies should be able to answer the following questions if the service system is functioning in a coordinated manner.

1. What agencies should be coordinating efforts?
2. What methods exist to ensure coordination among agencies in matters of education, reporting of cases, treatment planning, legal activities, treatment, referral of cases and placement?
3. Is there a central agency in the community handling abuse and neglect?
4. Is there an inter-agency abuse/neglect task force or committee?

1/ Protective Services for Abused and Neglected Children and Their Families, p. 5.

5. Is there a multidisciplinary team for evaluation and treatment planning?

6. Have procedures and agreements for coordination between agencies been developed?

7. Are there "gaps" in the system such that one or more of the functions is not being performed (e.g., referral between agencies does not occur)?

8. Is there duplication among agencies where two or more agencies perform the same function with respect to an individual client (e.g., two or more agencies investigate the same case)?

9. Are there points in the system where a client can be "lost" (e.g., a case is identified but never referred for treatment)?

10. If two or more agencies are providing services to the same client, is there a system for sharing information about the case?

11. Is there any central record keeping system in operation? What information is available from this system?

12. Are there any bottlenecks in the system (e.g., many more cases are reported than can be investigated)? [1]

The Child Abuse Prevention and Treatment Act (Public Law 93-247 as amended) of 1974, established the National Center on Child Abuse and Neglect (NCCAN) within the Children's Bureau of the Administration for Children, Youth and Families, DHEW. The National Center on Child Abuse and Neglect develops national plans, policies and programs on the prevention, identification and treatment of child abuse and neglect. The Center also prepares an annual research summary on abuse and neglect, serves as an information clearinghouse, and awards abuse and neglect demonstration and research grants to states.

The National Center has developed a series of booklets entitled Child Abuse and Neglect: The Problem and Its Management which consists of three volumes. Volume One presents an overview of the problem of abuse and neglect, Volume Two discusses the roles and responsibilities of professionals involved in case management, and Volume Three presents a description of community coordination for managing and preventing child abuse and neglect. Copies are available from:

Distribution Unit	Re: Publications Numbered
U.S. Children's Bureau	OHDS 75-30073
Post Office Box 1182	OHDS 75-30074
Washington, D.C. 20013	OHDS 75-30075

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[1] National Center on Child Abuse and Neglect, Planning and Implementing Child Abuse and Neglect, p. 21.

RESOURCE DEVELOPMENT: PUBLIC INFORMATION

Efforts should be made to inform the public of the seriousness of the abuse and neglect problem and the availability of resources. Information detailing child abuse laws, the agency(s) mandated to receive reports, and the procedures for reporting should be widely publicized through a variety of communication networks. In order for child abuse laws to be effectively implemented, the public must understand its reporting responsibility; therefore, the state should interpret and clarify abuse and neglect statutes to increase public understanding of the serious nature of abuse and neglect.

"The general pattern employed by most states to define the nature of the abuse which must be reported uses unspecific broad language;"1/ therefore, the state should develop clear practice definitions of abuse and neglect and convey them to the public. The language used in the definitions should be specific and include differentiations among the types of abuse and neglect.

The definition of child abuse and neglect used in the Child Abuse Prevention and Treatment Act states that child abuse and neglect "means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby..."2/

A similar definition is used in the Draft Model Child Protection Act which states: "An abused or neglected child means a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of his parent or other person responsible for his welfare."3/

Definitions should be precise and include clear explanations of such terms as child, harm, threatened harm, sexual offense, adequate health care, abandonment, physical injury, and mental injury. The definitions suggested in the Draft Model Child Protection Act can be used to help states formulate clear and comprehensive terms. A publication, Trends in Child Protection Laws - 1977, which gives a state-by-state overview and analysis of existing legislation is available from:

Education Commission of the States
Suite 3001
1860 Lincoln Street
Denver, Colorado 80295
Price $2.50

Increased public awareness of what constitutes abuse and neglect, recognition of signs and symptoms, and knowledge of the reporting requirements could help reduce the number of cases that go unreported each year.

1/ Vincent De Francis, Child Abuse Legislation in the 1970's (Denver, Colorado: The American Humane Association, 1970), p. 113.

2/ Public Law 93-247, 83rd Congress, S1191, January 31, 1974 as amended by P.L. 95-266 Title I.

3/ Draft Model Child Protection Act, p. 4.

The National Center on Child Abuse and Neglect (NCCAN) conducted a nationwide survey of public and private agencies to ascertain what is needed to conduct successful public awareness campaigns. A manual was developed based on the successful public awareness experiences of agencies responsible for creating public understanding of abuse and neglect. This manual, entitled How to Plan and Carry Out A Successful Public Awareness Program on Child Abuse and Neglect, contains guidelines for the development of a public awareness campaign. The publication offers public relations information, such as how to plan and budget a public information program and how to best utilize the resources of the mass media. The Manual also includes a resource section which tells how to obtain films, filmstrips, slide presentations, and radio and television spots related to child abuse and neglect.

This publication is available from:

Publications Unit
Children's Bureau
Post Office Box 1182
Washington, D.C. 20013

The Manual should be requested by name and publication number (OHD) 76-30089.

IMPLEMENTATION: STANDARDS

Child abuse and neglect reporting statutes which mandate the reporting of any known or suspected cases of child abuse have been enacted in all 50 states and the District of Columbia. If the specific responsibilities of the designated agency are not explicitly stated within the reporting law, the state should provide guidelines to local social services agencies indicating the requirements and actions of this agency. The state office can assist the local agency in formulating child abuse and neglect policies governing the operation of local protective services programs. States may find the following guidelines helpful in establishing child abuse and neglect policies.

Guidelines

- o Determine service (in cases of child abuse and negect) that must be provided and made available to the child and his family, regardless of the family's income.
- o Prioritize other services to strengthen families, especially those considered to be high risk.
- o Promote external coordination with other state departments, private organizations, voluntary agencies, and consumers by maximizing resources through joint development of plans for the creation and imprcvement of needed services, and procedures to ensure coordinated delivery of services.
- o Establish a uniform, statewide reporting and data collection system.
- o Monitor and evaluate State Departmental child abuse and neglect intervention procedures, services, and programs.
- o Support improved prevention, identification, and treatment activities.
- o Include abuse areas in a policy and procedures manual.1/

Some state laws are not comprehensive and their practices do not satisfy the Child Abuse Prevention and Treatment Act's eligibility requirements to receive federal grants. Under terms of the Act, in order for a state to qualify for federal assistance in carrying out child abuse and neglect prevention and treatment programs, the state shall:

1/ Vincent De Frances, Child Abuse Legislation in the 1970's (Denver, Colorado: American Humane Association, 1970), p. 10.

(A) have a child abuse and neglect law in effect which includes provisions for immunity from prosecution for persons who report instances of child abuse and neglect;

(B) provide for the reporting of known and suspected instances of child abuse and neglect;

(C) promptly initiate an investigation to substantiate the accuracy of reports of known or suspected child abuse or neglect received, and, immediately take steps to protect the health and welfare of the abused or neglected child if abuse or neglect is found. Steps should also be taken to protect any other child under the same care who may be in danger of abuse or neglect;

(D) demonstrate that administrative procedures, personnel trained in child abuse and neglect prevention and treatment, training procedures, institutional and other facilities, and multi-disciplinary programs and services are in effect throughout the state to assure that the state deals effectively with child abuse and neglect cases;

(E) provide for confidentiality of all records;

(F) provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and appropriate state agencies providing human services;

(G) provide that a guardian ad litem be appointed to represent the abused or neglected child in judicial proceedings;

(H) provide that the aggregate of support for programs or projects related to child abuse and neglect assisted by state funds shall not be reduced below the level provided during fiscal year 1973, and set forth policies and procedures designed to assure that Federal funds made available under this Act for any fiscal year will be used to supplement and, increase the level of state funds which would, in the absence of Federal funds, be available for such programs and projects;

(I) inform the general public with respect to the problem of child abuse and neglect and the facilities and prevention and treatment methods available to combat instances of child abuse and neglect; and

(J) to the extent feasible, insure that parental organizations combating child abuse and neglect receive preferential treatment.1/

In an effort to improve state child protection services, a Model Child Protection Act was drafted by the Children's Bureau's National Center on Child Abuse and Neglect, with assistance from professionals in the field. The Act includes provisions which are intended to help states improve their laws and meet the Federal Child Abuse and Prevention Act's eligibility requirements for assistance. The National Center on Child Abuse and Neglect has a technical assistance program to aid states in the implementation of the Model Act.

For information contact:

The National Center on Child Abuse
and Neglect
U.S. Children's Bureau
Administration for Children, Youth
and Families
Office of Human Development Services
Post Office Box 1182
Washington, D.C. 20013

One provision of the Child Abuse Prevention and Treatment Act (P.L. 93-247 as amended) was that an Advisory Board on Child Abuse and Neglect be appointed, comprised of representatives from all Federal agencies administering programs related to abuse and neglect in addition to public members. In October 1976, the board drafted a set of Federal Standards for the Prevention, Identification, and Treatment of Child Abuse and Neglect.

> "The standards are intended to acomplish two major purposes. The first is to provide society's institutions and individauls who come into regular contact with children and families with information about the views and approaches which currently appear to be the most widely accepted in preventing and treating child abuse and neglect. The second is to provide institutions and individuals with specific standards and guidelines which they can use to: (1) assess existing programs in terms of children's and families needs; (2) determine those policies, procedures, or program components that must be improved or developed; and (3) plan and achieve needed changes."2/

Compliance with the standards is neither mandatory nor a prerequisite for receipt of Federal funds, but does represent a model toward which states can strive.

1/ Public Law 93-247, 93rd Congress, S1191, January, 1974, Section 4(b)2.

2/ National Center on Child Abuse and Neglect. Federal Standards on the Identification, Prevention and Treatment of Child Abuse and Neglect, P. I-2.

The document is presented in eleven sections, which include standards on State Law, Legal Rights, Research and Evaluation, State Authority, Local Authority, Physical Health, Mental Health, Education, Courts, Law Enforcement and Residential Child Care Institutions.

> "The standards [on state law] have been developed on the basis that the State (and local) Department of Social Services (Public Welfare), with an administratively distinct and readily identifiable Child Protective Services Division, should have the primary responsibility for protecting children and assisting families. The standards also assume that this Department, the State Child Protective Services Division, and the designated Local Units, will serve as the focal point for establishing and utilizing legally mandated or voluntarily organized statewide and community-based multi-disciplinary boards or councils to help coordinate the services needed by families."1/

> The state should also set standards and develop guidelines regarding program operation and service delivery in order to promote the development of a uniformly high level of service throughout the state. To assure relevance and specificity, draft copies of state-developed standards should be discussed at the annual meeting of the state/local liaison committee for input from local programs. Once the state standards and administrative guidelines are in final form, they should be discussed at the regional meeting; this will help to assure that the interpretations and implications of the standards and guidelines are clear.2/

A guide designed to help state and local agencies improve the administration and management of protective services has been developed by Community Research Application, Inc., under contract with the Public Services Administration, DHEW. This publication, entitled Protective Services for Abused and Neglected Children and Their Families: A Guide for State and Local Departments of Public Social Services, is divided into two major sections. The first section is addressed to state administrators and program planners and covers functions appropriate to the state's role and responsibility for protective services. The second section is directed to local administrators for use in developing protective

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1/ National Center on Child Abuse and Neglect. Federal Standards on the Identification, Prevention and Treatment of Child Abuse and Neglect, P. II-22.

2/ Protective Services for Abused and Neglected Children and Their Families: A Guide for State and Local Departments of Public Social Services on the Delivery of Protective Services (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare), p. 7.

services programs. The guide should be requested by name and publication number (SRS) 77-23042 from:

Distribution Unit
Administration for Public Services
Washington, D. C. 20201

IMPLEMENTATION: STAFF DEVELOPMENT & TRAINING

The effective operation of child protective services depends upon the skill and training of the staff who provide the services. The state responsibility is to ensure that persons engaged in the prevention, identification and treatment of child abuse and neglect are provided specialized training and meet minimum educational requirements. On-going training for workers at the state and local levels in child protection should include "information on intake procedures, investigation of reports, current treatment methods, appropriate casework techniques, court procedures and gaining community cooperation."1/

Comprehensive Emergency Services: Training Guide, has been developed by the National Center for Comprehensive Emergency Services to Children, based on the experience of the Comprehensive Emergency Services System (CES) in Nashville, Tennessee. The resource is designed for training staff in how to deliver comprehensive emergency services. The Training Guide includes a description of in-services training modules which include: (1) a "Basic Orientation to CES" to convey the importance and relationships of emergency intake to the CES system, (2) a special training module for answering service personnel, (3) a "Crisis Intervention" module to help staff respond more effectively to the immediate needs of child and family in crisis, and (4) three additional modules, "The Complaint and the Complainant," "The Initial Contact with the Family," and "Emergency Action," all designed for emergency intake training. Modules are also suggested for transferring and terminating a CES worker's relationship with a family and ensuring continuity of services. The training modules can be modified by states to meet the needs of various communities.

Single copies of Comprehensive Emergency Services: Training Guide are available free of charge from:

Publications Unit
U.S. Children's Bureau
Post Office Box 1182
Washington, D.C. 20013
Publication No. (OHDS) 78-30121

The National Center on Child Abuse and Neglect (NCCAN) has developed a training package designed for social workers, child protection workers, law enforcement workers, and educators. This resource, entitled We Can Help: A Curriculum on Child Abuse and Neglect, will be available in 1980. The NCCAN also has developed a catalogue entitled Child Abuse and Neglect Audiovisual Materials, which includes information that can be used for public awareness and training purposes. The catalogue contains descriptions of over 215 videotapes, films, slides, multimedia packages and other audiovisual materials. Descriptions of multimedia training packages and public awareness kits are included in the catalogue.

1/ Draft Model Child Protection Act, p. 104.

The catalogue can be requested by publication No. OHDS(77) 30127 from:

U.S. Children's Bureau
Post Office Box 1182
U.S. Department of Health, Education, and
Welfare
Washington, D. C. 20013

Staff development and training materials have been developed for homemakers and home health aides, two services frequently provided in protective service cases. The following materials are available to assist states and/or local agencies/offices:

Homemaker - Home Health Aides, A Training Manual Price: $6.00 and

Widening Horizons, The Teaching Aspect of Homemaker Service, A Guide Price: $4.00

Both publications were developed by the National Council for Homemaker - Home Health Aide Services, Inc. and are available from:

National Council for Homemaker -
Home Health Aide Services
67 Irving Place
New York, New York 10003

IMPLEMENTATION - PERSONNEL ADMINISTRATION

The Texas Department of Human Resources has developed a Caseworker Performance Scale to measure the quality and quantity of work performed by protective service workers. The scale, which is being used in Dallas County's Own Homes protective service program, outlines the critria used in differentiating pay levels and promotions.1/ Copies of all performance measurement instruments and the scoring method are available from:

Dallas County Child Welfare Unit
6434 Maple Avenue
Dallas, Texas 75235

The Pennsylvania Department of Public Welfare has developed a handbook entitled, "Developing Performance Standards - A Supervisor's Handbook," which may aid states in developing performance standards. The handbook is available free of charge from:

Pennsylvania Department of Public Welfare
Bureau of Manpower Planning and
Development
Office of Manpower - Department of
Manpower Annex
Post Office Box 2675
Harrisburg, Pennsylvania 17120

MONITORING - DATA COLLECTION

Monitoring the status of each child receiving protective services through the use of a case management system is essential to effective program management. Client and worker data collected through a management information system can be used to substantiate management decisions and requests to the legislature for increased funds. For example, states having central registries sometimes use a MIS to collect data on the incidence of child abuse or neglect and to monitor the ways in which reports are handled. Federal Standards for Prevention, Identification and Treatment of Child Abuse and Neglect recommend the following guidelines for achievement and assessment of the standard: "The central registry, should ensure that children's and families' rights to prompt and effective services are protected."1/ Information collected during receipt of reports of child abuse or neglect should include:

"(1) name, permanent address, age, sex, and ethnic background of child suspected of being abused or neglected;
(2) present location of child and location where incident(s) occurred, if different from permanent address;
(3) name of person or institution responsible for child's welfare (and address, if different from permanent address of child);
(4) name and address of persons alleged to be responsible for abuse or neglect;
(5) family composition, i.e., names, sex, and ages of siblings and other adults normally present;
(6) nature and extent of suspected abuse or neglect, including any information of prior injury to the child or his siblings;
(7) action taken by reporting source or others, including whether or not child has been placed in protective custody;
(8) reporter's name, telephone number, and address, if willing to provide this information;
(9) type of reporting source, e.g., mandatory (with category), permissive, or anonymous;
(10) relationship of reporter to child and family;
(11) willingness of reporter to share with family his role in initiating the report;
(12) motives of reporter if possible to evaluate;
(13) date and time oral report is received;
(14) the Local Unit and staff person assuming responsibility for assessment if the report was received initially by the Local Unit"2/

States interested in evaluating the status and effectiveness of their management information systems may be interested in the profile developed by the Utah Department of Social Services, Division of Family Services of its social

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1/ Federal Standards, P. III-26.
2/ Ibid., p. III-27.

service's management information and control system. The profile, Evaluation of the Status and Effectiveness of State and Local Human Service Information Systems, System Profile - Social Service Delivery Management Information and Control System, is available from:

NTIS
5285 Port Royal Road
Springfield, Virginia 22161
Price: $4.50

or

Project Share
Post Office Box 2309
Rockville, Maryland 20852
SHR-0001104
Price: $4.50

MONITORING: SERVICE PROVISION

Monitoring the provision of protective services is carried out by the state and/or the local agency in order to: (1) assess the operation of protective service programs and the performance of protective service workers, (2) determine compliance with state regulations and guidelines, and (3) assess the performance of service providers that have been given purchase-of-service contracts. Data collected through monitoring a protective services program are essential to the planning process.

> "Decisions about the quality of a service or activity must be partially based on quantitative measures. The monitoring system -- based on a series of reports filed by service providers and program staff -- provides continuous feedback on the performance of the delivery system. This information can be summarized at any point and given to an evaluation committee or outside evaluator for the analysis."1/

The state office can use several methods to monitor the operation of protective services programs, including: requiring an annual plan of services from the local agency; analyzing service data; or conducting an annual state program review to determine compliance with state regulations, conformity with the local annual plan and the completeness of case plans. An annual plan submitted to the state by the local agency enables the state to examine, compare, and respond to the plans of each local program. These plans can then either be approved, or suggestions can be offered for improvement. Annual local plans should delineate local planning efforts, including:

- goals and objectives.
- a description of the service agency's organization and staffing, including caseload specifications.

1/ Himelrick and Aitken, An Introduction to State Capacity Building, p. 26.

- the agency's mode of operation and staff responsibilities.
- training efforts.
- a list of services provided to clients, both by the agency and by other agencies in the community.
- interagency relationships and coordinating efforts.
- publicity and public information/education.
- program statistics.
- budget.[1]

In addition to monitoring the quality of protective services provided by the state, examination of program resources may be desirable. Monitoring program resources enables the state to determine program expenditures, use of staff time, program costs and the costs of different unit activities. One method of monitoring program resources is through the use of resource accounting by program activity. This method consists of seven steps delineated below:

(1) Identifying all of the discrete activities of the program;
(2) Identifying all of the program's resources;
(3) Determining the time period to be covered;
(4) Determining how, within the given time period, all non-personnel resources are allocated to program activities;
(5) Determining how all personnel time and, thereby, personnel costs, for the same time period, are allocated to program activities;
(6) Calculating expenditures for the given time period by program activities;
(7) Determining how many units of different services were provided and, thereby, the unit costs of different services.[2]

For a more detailed discussion of monitoring techniques, the reader is referred to the Management Section of this Manual.[3]

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[1] Protective Services for Abused and Neglected Children and Their Families (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare, 1977), p. 12.

[2] Planning and Implementing Child Abuse and Neglect Service Programs, p. 75. For a complete discussion of how to carry out these steps, and forms for use in completing this process, see pp. 75-84 of the publication.

[3] Also see Annie Miller et al., Monitoring the Outcomes of Social Services, Volume I: Preliminary Suggestions (Washington, D.C.: The Urban Institute, 1977) and Monitoring the Outcomes of Social Services, Volume II: A Review of Past Research and Test Activities.

EVALUATION: CONDUCT OF EVALUATION STUDIES

The state office should have an evaluation unit that is responsible for determining the extent to which protective program goals have been accomplished. Evaluation findings can be useful to both the state and the local agencies or offices in maintaining accountability, planning programs, and improving services. States can employ a variety of evaluation tools to determine the effectiveness and efficiency of their protective services programs. A discussion of the purpose of evaluation and descriptions of various evaluation techniques are included in the Management Section of this Manual, pp. 90-95.

The following discussion will focus on two evaluations of child abuse and neglect programs: (1) an evaluation of eleven federally funded Child Abuse and Neglect Demonstration Projects; and (2) an evaluation of the effectiveness of the Comprehensive Emergency Services System in Nashville-Davidson County, Tennessee.

(1). Evaluation of 11 Child Abuse and Neglect Demonstration Projects

In 1974, the Office of Child Development (now the Administration for Children, Youth and Families), the Social and Rehabilitation Service (SRS), and the Health Resources Administration (HRA) jointly funded eleven demonstration child abuse and neglect treatment projects for three years. An evaluation of the eleven demonstration projects was conducted by the National Center for Health Services Research (NCHSR) under contract with Berkeley Planning Associates (BPA) in cooperation with the National Center on Child Abuse and Neglect (NCCAN), Administration for Children, Youth and Families.

The purpose of the evaluation effort, the first such national study in child abuse and neglect, was to "provide guidance to the federal government and local communities on how to develop community-wide programs to deal with the problems of child abuse and neglect in a systematic and coordinated fashion by documenting the content of the different service interventions tested by the demonstration projects and determining their relative effectiveness and cost-effectiveness."1/

The evaluation study was divided into eight components which examined the project's general process, goals, cost, quality of case management, management and worker burnout, community systems, children's problems, and services to adults. Each component used different goals and methodological approaches, summarized below:

(1) General Process Component to determine the problems inherent in and possibilities for establishing and operating child abuse and neglect programs.

The process analysis examined the development of service strategies and functioning of each of the eleven demonstration projects. All aspects of

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1/ Berkeley Planning Associates, Evaluation of Child Abuse and Neglect Demonstration Projects, 1974 - 1977 (Washington, D.C.: National Center for Health Services Research, Public Health Service, Department of Health, Education, and Welfare, 1978).

the project's operations, including the range of implementation problems encountered, were monitored. The quality of service delivery was assessed through the use of site visits, group discussions, interviews, observations, and record reviews.

(2) Project Goals Component to identify individual project goals and assess the extent to which they were accomplished.

(3) Cost Analysis Component to determine the costs of different child abuse and neglect services and more specifically the costs of different mixes of services relative to their effectiveness.

Time and resource expenditures were monitored on cost accounting forms. "Donated as well as actual resources were accounted for, as were the number of units of service provided in each of the service categories. Calculations were then made for the percentage distribution of all resources to discrete activities and the unit costs of different services provided by each project in the sample months and an average for the operational phase of the project."1/

(4) Quality of the Case Management Component to determine the elements of a quality case management process and their relationship to client outcome.

A random sample of case records from each treatment project was reviewed. Interviews were also held with the workers. Descriptive and multivariate analyses were conducted to identify the most salient aspects of case management and norms of case management across the projects. The relationships between case management and client outcome were identified by combining these data with data collected through the client component.

(5) Project Management and Worker Burnout Component to determine how project management processes and organizational structures influence project performance and most notably worker burnout.

A combination of both quantitative and qualitative data analyses were carried out on data regarding management processes, job design and job satisfaction to define organizational and management aspects of the projects, to establish the prevalence of worker burnout, and to determine the relationships between these factors.

(6) Community Systems Component to determine the extent to which the projects had an influence in their local communities in establishing a well-functioning community-wide child abuse and neglect system.

Interviews were held with personnel from key agencies in each community both before implementation of the demonstration project and at yearly intervals after the programs inception. The purpose of these interviews was to collect information about any changes that had occurred in each community system.

1/ Berkeley Planning Associates, Evaluation of Child Abuse and Neglect Demonstration Projects p. XIV-XV.

(7) Children's Component to determine the kinds of problems of abused and neglected children and the amenability of these problems to resolution through the provision of treatment service.

The three projects that directly served children maintained problem-oriented records on the children from intake through termination. "The analysis, which included data gathered through the use of select standardized tests, identified the range of problems children possessed and the degree to which these problems appear to be resolvable during treatment."1/

(8) Adult Client Component to determine the effectiveness of alternative services for different types of abusers and neglectors.

Complete records were maintained on 1,724 adult clients receiving treatment during 1975 and 1976, from the time of intake through termination. Data collected included:

- basic demographics;
- information on the nature and severity of maltreatment;
- the amount and type of services received by the client;
- outcome information including improvements in parent's functioning and reoccurrence of abuse or neglect.

The data were analyzed to determine the relationships between client characteristics, services received, and outcome. Data from other parts of the study were also analyzed to determine their effects on outcome. Service costs data were used to determine the cost-effectiveness of alternative service strategies.

The practices and experiences of the demonstration projects indicated that programs are more likely to be successful when (1) they are housed within or have strong ties with a public protective services agency; (2) a variety of disciplinary perspectives are reflected (e.g., lay persons, professionals and volunteers, and (3) there is a strong advisory board.

The researchers recognized several limitations of the study and viewed the findings as suggestive rather than conclusive. They acknowledged that projects studied might not be representative of other child abuse and neglect treatment programs across the county, since the projects were selected on the basis of the innovative or different approaches to child abuse and neglect they had proposed to demonstrate. Other limitations of the study include the absence of control communities or control client groups, and the dearth of suitable empirical studies for comparative purposes.

1/ Berekley Planning Associates, Evaluation of Child Abuse and Neglect Demostration Projects p. 6.

In light of the limitations of the study, the researchers suggested that the study findings be interpreted with care. They concluded that child abuse and neglect services are optimized if:

> "- they are closely linked with or housed within public, protective services agencies;
> - the program participates cooperatively with law enforcement, local schools, hospitals and private social service agencies in the community in the identification and treatment of abuse and neglect as well as the education and training of professionals and the general public;
> - the program has strong, supportive leadership, a variety of disciplines on the staff, decentralized decision making, clearly specified rules but allowance for flexibility of the rules as clients' needs dictate;
> - the program stresses certain aspects of case management including prompt, planful handling of cases, frequent contact with cases, small caseload sizes, coordination with other service providers and use of multidisciplinary review teams and consultant input for the more complex or serious cases;
> - the program utilizes more highly trained, experienced workers as case managers, but stresses the use of lay services (lay therapy) and self-help services (Parents Anonymous) as part of its treatment offerings, as well as 24-hour availability;
> - careful supervision is available to lay workers, particularly during the first few months they are working with a case.
> - theapeutic treatment services are provided to the abused or neglected child."1/

A complete discussion of the methodologies used in evaluating the child abuse and neglect demonstration projects has been compiled into a report entitled, Methodology for Evaluating Child Abuse and Neglect Service Programs. The methodologies which can be adapted to other child abuse and neglect projects, are available both in paper and microfiche and can be requested from:

National Technical Information Service
Sills Building
5285 Port Royal
Springfield, Virginia 22161
(703) 557-4650
Order #PB-278-445

1/ Berkeley Planning Associates, Evaluation of Child Abuse and Neglect Demonstration Projects, p. 131.

States may also be interested in a system developed to evaluate the cost effectiveness of local protective services. This system was designed by Burt Associates through a contract with the Social and Rehabilitation Service, DHEW. This system is described in Evaluation of Cost-Effectiveness of Services Provided to Abused and Neglected Children and Their Families Under Title IV-A and IV-B. 1/ This publication can also be ordered from National Technical Information Service, order #PB-251-726/6 St. The cost is $7.50.

(2). Evaluation of the Comprehensive Emergency (CES) Program

Comprehensive Emergency Services (CES) is a system of coordinated services designed to improve the care of neglected, dependent, and abused children in Nashville-Davidson County, Tennessee. The system was developed in 1973 to replace the previous system, which was considered unresponsive to the needs of children in crisis. The basic components of the system are twenty-four-hour emergency intake, emergency caretakers, emergency homemakers, emergency foster family homes, emergency shelter for families, emergency shelter for adolescents, and outreach and follow-up. The program objectives of CES were to:

> "1. Reduce the number of children being removed precipitously from their homes
>
> 2. Reduce the number of children going through the legal system unnecessarily
>
> 3. Plan orderly placements for children who must be placed
>
> 4. Set goals for children who come into emergency care, with decision to return to their parents or relatives made within a reasonable time (two weeks to one month)
>
> 5. Develop placements that better meet the needs of children who must remain in care"2/

The Children's Bureau, DHEW funded an evaluation of the CES program to determine whether the new system had significantly improved the care of neglected, dependent and abused children. The evaluation used the following objectives and criteria to assess the effects of the new system on abused and neglected children:

> "Objective A - Reduction in the number of neglect and dependency (N&D) petitions filed and the number of children subjected to the system by screening out those cases in which a petition is not justified.

1/ Burt Associates, Inc. Evaluation of Cost Effectiveness of Services Provided to Abused and Neglected Children and Their Families Under Title IV-A and IV-B (Washington, D.C.: Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare).

2/ Marvin Burt and Ralph R. Balyeat, From Nonsystem to System: Evaluation of the Comprehensive Emergency Services System for Neglected and Abused Children -- Nashville and Davidson County, Tennessee (Nashville, Tennessee: The Urban Observatory of Metropolitan Nashville, 1975), p. 19.

Criteria for A:

1. Number of N&D petitions filed (one child is named on each petition)
2. Number of families which contain one or more children named on N&D petitions
3. Number of complaints or referrals where a petition was not sworn out

Objective B - Keeping the child in his home or in a family environment when possible until a thorough study can be conducted and the disposition of the court case decided

Criteria for B:

1. Number of children kept in their own homes until Juvenile Court hearing, after which they remain in their homes
2. Number of children avoiding institutionalization because of emergency caretakers, homemakers, or emergency foster homes
3. Number of children placed at Richland Village until a Juvenile Court hearing

Objective C - Placing the child in a stable environment to which he can adjust, where he will not become neglected again, and where he will not become delinquent

Criteria for C:

1. The number of children whose adjustment in placement is judged to be satisfactory, questionable, or unsatisfactory
2. The number of times children are moved from one placement to another
3. The number of children who are declared N&D more than once
4. The number of children who have delinquency records

Objective D - Operating the system efficiently so as to minimize the costs of achieving all of the preceding objectives or to achieve these objectives for the largest number of children when resources are constrained"1/

The researchers concluded that the CES program met its objectives as measured by the evaluation criteria. The findings are summarized below in

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2/ Marvin Burt and Ralph R. Balyeat, From Nonsystem to System, pp. 20-21.

order to give states an indication of the success which can be expected when the CES system is implemented:

Objective A

- The number of N&D petitons filed was reduced from 602 during 1969-70 to 266 during 1973-74--a reduction of 336 or 56 percent.
- The number of families which contain one or more children named on N&D petitions was reduced from 339 to 156 in these years, a decrease of 183 or 54 percent.
- The number of cases screened where a petition was not sworn out increased from 770 in 1969-70 to 2,156 in 1973-74--an increase of 1,386 or 180 percent.

Objective B -

- The number of children removed from their homes and placed in some type of substitute care decreased from 353 in 1969-70 to 174 in 1973-74, a decrease of 179 or 51 percent.
- The number of children institutionalized was reduced from 324 to 50 in those years, a decrease of 274 or 85 percent.
- The number of children under the age of six who were institutionalized was reduced from 180 to 0.

Objective C -

- The number of recidivistic cases (i.e., the number of children on whom petitions are filed in given years who previously had petitions filed) declined 88 percent from 196 in 1969-70 to 23 in 1973-74. The recidivism rate (i.e., the percentage of children on whom petitions are initially filed who are abused or neglected again by the end of the subsequent year) declined from 16 percent in 1969-70 to 9 percent in 1973-74.
  The number of children who had delinquency records declined from 44 in 1969-70 to zero in 1973-74.

Objective D -

- The incremental difference in cost between the old system and the new system was a net savings of $68,000, an efficient use of resources in view of the substantial increase in effectiveness. A solution was achieved in which effectiveness was increased while costs decreased.[1]

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[1] Marvin Burt and Ralph R. Balyeat, From Nonsystem to System, pp. 93-95.

The Regional Research Institute of Social Welfare in Athens, Georgia also conducted an evaluation to determine the impact of CES in terms of the use of the emergency reporting system and the comprehensive 24-hour protective service program. This study made a comparative evaluation of the CES system and a more traditional system that does not provide 24-hour emergency reporting.

A set of evaluation criteria were developed; these criteria were considered to be basic to the functioning of the protective service system and to the effectiveness of services provided. The criteria were expendiency, compliance, efficiency and the operational definition of abuse and neglect. The reader is referred to the evaluation reports for a discussion of the methodology used.1/

EVALUATION: UTILIZATION OF FINDINGS

The knowledge obtained or confirmed through evaluation of the protective service program should be used to improve the delivery of services. This means that program staff, program administrators and legislators must be given substantive feedback regarding program deficiencies. The findings can then be used to make decisions about needed program changes. See the Management Resource Section of this manual for a detailed discussion of utilization of evaluation results.

1/ See: Clara L. Johnson, Two Community Protective Service Systems: Comparative Evaluation of Systems Operations (Athens, Georgia: Regional Institute of Social Welfare Research, 1976), and Two Community Protective Service Systems: Nature and Effectiveness of Intervention. (Athens, Georgia: Regional Institute of Social Welfare Research, 1979).

CONCLUSIONS

Studies supported by the Children's Bureau have indicated that further effort is needed in the following areas to improve child protective service programs:

- Use of needs assessment techniques to assess statewide protective service and treatment needs;
- Increased public awareness and reporting of abuse and neglect;
- Twenty-four hour emergency intake and immediate response capability;
- Staff development and training opportunities for protective service workers;
- Development of procedures and agreements for a coordinated system of service delivery;
- Data collection capabilities on the incidence of abuse and neglect;
- Ongoing monitoring of the status of children in protective custody;and
- Evaluations of child abuse and neglect programs.

Planning, resource development, implementation, monitoring, and evaluation have been presented as basic management tools that can be used to maximize the effectiveness of protective services programs. Proper use of these management tools can help to ensure the provision of high quality protective services to children and families who need them.

Protective Services

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STATE CHILD WELFARE PROGRAM
SELF-ASSESSMENT MANUAL

V. FOSTER FAMILY CARE

CHECKLIST

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

V. FOSTER FAMILY CARE
Checklist

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Goal Achievement Program Summary V-43

INTRODUCTION

The State Child Welfare Program Self-Assessment Manual contains seven major sections. The first section (I) provides an introduction to the Manual, its conceptual framework, contents and use. The second section (II) addresses five management functions: Planning, Resource Development, Implementation, Monitoring, and Evaluation (which we have termed the PRIME system). The next five sections (III - VII) cover five child welfare program areas: Preventive Services, Protective Services, Foster Family Care, Residential/Group Care, and Adoption. The child welfare programs are organized within the context of the five management functions (PRIME).

The first part of the management section (Section II) and of the five child welfare program sections (Sections III - VII) consists of a self-assessment checklist. Accompanying each checklist are resource sections that highlight relevant research findings and provide a bibliography.

Definition of Foster Family Care

Foster Family Care is defined as the provision of substitute care in a family setting for a planned period of time, for a child who has to be separated from his or her natural or legal parents. In this Manual, foster family care is differentiated from other out-of-home placements such as institutions or group homes.

Definitions of Management Functions

Planning is the process of developing future directions for programs and services based on analysis of past and present conditions. Topics included in this management function are the systematic assessment of need for services; the development of clear and measurable goals and objectives for child welfare programs, and the projection of resource requirements necessary for achieving program goals.

Resource Development includes those activities necessary to the development of personnel, facilities and funding to support the delivery of services as planned. Topics discussed include coordination of services, allocation of available resources through purchase of service and recruitment, financial administration and public information activities.

Implementation refers to those activities through which the state agency provides management assistance to enable local social service agencies/offices to provide services. Topics included in this function are development and dissemination of standards, guidelines and licensing requirements, personnel administration, and staff development and training.

Monitoring refers to those activities by which the state administrator determines whether what is supposed to occur does in fact occur. Included in this function are collecting data, monitoring the provision of services, licensing activities, and using monitoring findings.

Evaluation refers to the methods, procedures, and processes used by the state agency to determine the effectiveness and efficiency of child welfare programs and services. Effectiveness is measured by determining the extent to which the program and service are meeting the objectives; efficiency is measured by the costs of achieving objectives relative to the resources expended. The purpose of evaluation is to provide objective information and analyses to help administrators and others improve their ability to make program management decisions. Topics covered in this section include organization of evaluation activities, conduct of evaluation, and utilization of evaluation findings.

Instructions for Completing the Checklist

This checklist includes a set of goals, criterion questions, and scoring materials. The validity of the self-assessment depends on frank and accurate responses. In answering the questions, draw upon your professional judgment, relevant agency data, records and reports. The term "you" in certain criterion questions is equivalent to state agency responsibility (e.g., "Do you provide supporting documentation of need in making budget requests?"). "State agency" is used in a generic sense to refer to the central division and/or department at the state or county level that is responsible for child welfare services.

The Foster Family Care Checklist should be completed by the individual who has responsibility for foster family care services. This may be the Family Foster Care Specialist or Foster Care Specialist.

To obtain the self-assessment scores for this checklist, please follow the instructions below:

1. Read the goals and accompanying criterion questions.
2. Answer each criterion question by checking (✓) "YES" or "NO".
3. Some criterion questions request specific data. For these "If yes, ...? _____" questions, retrieve and enter the data.
4. Compute the Goal Achievement Score on page V-17 to obtain the state's score for the first function, (Planning).
5. Repeat steps 1-4 for each of the remaining four management functions (Resource Development, Implementation, Monitoring and Evaluation) covered in the checklist.
6. Instructions are given on page V-43 for obtaining the state's program management score and the visual profile depicting the scores for the five management functions.
7. Return the Goal Achievement Program Summary to your child welfare program administrator or other individual responsible for coordinating the self-assessment process.

FOSTER FAMILY CARE GOALS

This section includes fourteen (14) goals related to the management of foster family care service programs. Each goal covers one of five management functions: Planning, Resource Development, Implementation, Monitoring and Evaluation.

Planning (P) Goals

V-P-1 The state agency ensures that the need for foster family care services is assessed on a planned, periodic basis.

V-P-2 The state agency develops goals and objectives for foster family care services.

V-P-3 The state agency develops a plan for foster family care services that projects future resource requirements to meet established goals.

Resource Development (R) Goals

V-R-1 The state agency makes provisions to ensure the coordination of foster family care services with other agencies and programs that serve children and their families.

V-R-2 The state agency assists local agencies/offices to acquire sufficient foster family care services and resources to meet the determined need.

V-R-3 The state agency informs the public of the foster family care needs of children and their families and the availability of services.

Implementation (I) Goals

V-I-1 The state agency develops and disseminates standards, guidelines and licensing requirements for foster family care services.

V-I-2 The state agency provides staff development and training to local agencies/offices providing foster family care services.

V-I-3 The state agency ensures that permanent plans are established for all children in foster family care.

Monitoring (M) Goals

V-M-1 The state agency collects data necessary to carry out foster family care monitoring activities.

V-M-2 The state agency monitors the provision of foster family care services.

V-M-3 The state agency uses monitoring findings to help agencies correct deficiencies and improve foster family care services.

Evaluation (E) Goals

V-E-1 The state agency evaluates the effectiveness and efficiency of foster family care services.

V-E-2 The state agency promotes the use of evaluation results.

V. FOSTER FAMILY CARE

Planning - Needs Assessment

Goal V-P-1: The state agency ensures that the need for foster family care services is assessed on a planned, periodic basis.

Criterion Questions:

1. Is there a written procedure for conducting assessments of need for foster family care (FFC) services? ____ YES ____ NO

2. Is there a unit or individual that conducts needs assessment studies for FFC? ____ YES ____ NO

3. Do you use more than one methodology in conducting needs assessment studies (e.g., citizen survey, key informant, client services data, secondary sources)? ____ YES ____ NO

4. Do you conduct these studies on a planned periodic basis? ____ YES ____ NO

   If yes, how often? __________

5. Have you defined the information needed in order to plan for foster family care services? ____ YES ____ NO

6. Does this information include the following (for the state or region):

   a. An unduplicated count of the number of children in FFC on a given date? ____ YES ____ NO

      If yes, what is the number? __________

   b. The total number of children placed in FFC in the past year? ____ YES ____ NO

      If yes, what is the number? __________

   c. Sociodemographic characteristics of children in FFC? ____ YES ____ NO

   d. The number of ethnic minority children in FFC (Blacks, Hispanics, Native Americans, Asians)? ____ YES ____ NO

Criterion Questions: (Cont'd)

e. The number of special needs children in FFC (e.g., physically handicapped, mentally retarded, etc.)?

____ YES ____ NO

f. The number of children in voluntary FFC placement?

____ YES ____ NO

If yes, what is the number? ____________

g. The number of children involuntarily placed in FFC?

____ YES ____ NO

If yes, what is the number? ____________

h. Average length of time children have spent in FFC for each of the past 3 years?

____ YES ____ NO

If yes, what is the average time? ____________

7. Has there been a decrease in this average in the past year?

____ YES ____ NO

If yes, what is the percent decrease? ___%

8. Does your needs assessment process include a method for obtaining input from relevant community groups (e.g., consumers of service, local service providers and child advocacy groups)?

____ YES ____ NO

9. When possible, do you coordinate your needs assessment studies with those conducted by other state agencies or organizations?

____ YES ____ NO

10. Do you analyze the needs assessment data you collect to:

a. Identify the unmet need for foster family care services?

____ YES ____ NO

b. Determine the potential of existing resources to meet the need for services?

____ YES ____ NO

V. FOSTER FAMILY CARE

Planning - Goal Setting

Goal V-P-2: The state agency develops goals and objectives for foster family care services.

Criterion Questions:

1. Do you have a formal procedure for setting statewide goals and objectives for FFC services? ___ YES ___ NO

   If yes, how often is this done? ____________

2. Have you established at a minimum the following goals or objectives for children placed in FFC:

   a. When possible, to restore family functioning so that the child can return to the natural family? ___ YES ___ NO

   b. When return to the natural family is not possible, to free the child for adoption if appropriate? ___ YES ___ NO

   c. To establish permanent plans for care for each child who is unable to return home? ___ YES ___ NO

   d. To place the child in the type of care which best meets his physical, emotional and developmental needs? ___ YES ___ NO

3. Are state FFC specialists involved in setting FFC goals and objectives? ___ YES ___ NO

4. Do you regularly obtain input from line FFC staff in formulating program goals and objectives? ___ YES ___ NO

5. Are all FFC goals and objectives consistent with:

   a. Child Welfare League of America Standards? ___ YES ___ NO

   b. American Public Welfare Association Standards? ___ YES ___ NO

   c. Accepted professional practice? ___ YES ___ NO

6. Do you use needs assessment findings in developing FFC goals and objectives? ___ YES ___ NO

Criterion Questions: (Cont'd)

7. Do goal statements include a time schedule for goal achievement?

   ___ YES ___ NO

8. Are goals realistic and achievable as stated?

   ___ YES ___ NO

9. Do you use indicators to determine the extent to which goals have been achieved?

   ___ YES ___ NO

10. Do you have a formal method for prioritizing FFC goals?

   ___ YES ___ NO

11. Do you review goals and objectives on a periodic basis to determine whether they are still applicable?

   ___ YES ___ NO

V. FOSTER FAMILY CARE

Planning - Projecting Resource Needs

Goal V-P-3: The state agency develops a plan for foster family care services that projects future resource requirements to meet established goals.

Criterion Questions:

1. Do you have a plan that projects foster family care resource requirements (e.g., personnel, facilities and equipment, funding) on an annual or biennial basis?
   ____ YES ____ NO

2. Do you use needs assessment data in projecting future resource requirements?
   ____ YES ____ NO

3. Does your plan include resource projections to meet the service needs of the following groups:
   a. Urban populations?
      ____ YES ____ NO
   b. Rural populations?
      ____ YES ____ NO
   c. Minority families (Blacks, Native Americans, Hispanics, Asians)?
      ____ YES ____ NO
   d. Migrant families?
      ____ YES ____ NO
   e. Military families?
      ____ YES ____ NO
   f. Handicapped children and their families (e.g., mentally retarded, physically handicapped emotionally disturbed)?
      ____ YES ____ NO
   g. Other groups of children and their families (e.g., status offenders, runaways, pregnant teenagers, single parents, adjudicated delinquents)?
      ____ YES ____ NO

4. Have you analyzed the policy implications of your foster family care services plan in regard to:
   a. Availability of qualified personnel?
      ____ YES ____ NO
   b. Possible statutory constraints?
      ____ YES ____ NO
   c. Political constraints?
      ____ YES ____ NO

Criterion Questions: (Cont'd)

d. Community values and norms? ____ YES ____ NO

e. Financial constraints? ____ YES ____ NO

5. If needs assessment data indicate that FFC service needs are not fully met, does your plan include ways to correct the deficiency? ____ YES ____ NO

6. Do you use the findings of evaluation studies in developing your plan for foster family care services? ____ YES ____ NO

Goal Achievement Score: Planning function of the FOSTER FAMILY CARE Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
V-P-1	________	divided by 18 =	________
V-P-2	________	divided by 16 =	________
V-P-3	________	divided by 16 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = ☐ %

(Your state's Goal Achievement Score

on the Planning function of the

FOSTER FAMILY CARE Program)

V. FOSTER FAMILY CARE

Resource Development - Through Coordination of Services

Goal V-R-1: The state agency makes provisions to ensure the coordination of foster family care services with other agencies and programs that serve children and their families.

Criterion Questions:

1. Do you have a person, unit or group responsible for coordination of foster family care (FFC) services?

   ___ YES ___ NO

2. Do you provide for exchanges of information among agencies providing FFC services and those providing other social services (Medicaid, food stamps, AFDC, etc.)?

   ___ YES ___ NO

3. Have you developed policies and procedures for sharing information, where legally possible, on individual clients and families among referring agencies?

   ___ YES ___ NO

4. Do you have an advisory committee that assists the state in coordinating the provision of child welfare services?

   ___ YES ___ NO

5. Does this committee include representatives from the following groups?

   ___ YES ___ NO

   a. Private organizations?

   ___ YES ___ NO

   b. Volunteer groups?

   ___ YES ___ NO

   c. Professional associations?

   ___ YES ___ NO

   d. Citizen and consumer groups?

   ___ YES ___ NO

   e. Foster parents?

   ___ YES ___ NO

6. Do you have written agreements regarding service responsibilities with each state agency that serves children and their families (e.g., mental health, public health, juvenile justice, voluntary sector)?

   ___ YES ___ NO

7. Do you assist local public social services agencies to develop cooperative agreements with:

   a. Public health departments?

   ___ YES ___ NO

V. FOSTER FAMILY CARE

Resource Development - Through Coordination of Services

Criterion Questions: (cont'd)

b. Community mental health centers? ___ YES ___ NO

c. Drug and alcohol clinics? ___ YES ___ NO

d. Volunteer groups and community service organizations? ___ YES ___ NO

e. Family service agencies? ___ YES ___ NO

f. Public assistance casework units? ___ YES ___ NO

g. Schools? ___ YES ___ NO

h. Hospitals and clinics? ___ YES ___ NO

i. Police departments and other law enforcement agencies? ___ YES ___ NO

8. Do all inter-agency cooperative agreements include provisions for:

a. Making inter-agency referrals? ___ YES ___ NO

b. Feedback to referring agency on whether client makes contact? ___ YES ___ NO

c. Annual review of agreements? ___ YES ___ NO

d. Joint funding of projects, where applicable? ___ YES ___ NO

e. Joint staff development, where appropriate? ___ YES ___ NO

9. Do you provide written guidelines to all local agencies/offices on the use of inter-agency agreements? ___ YES ___ NO

10. Do you have a mechanism to determine whether guidelines are followed by local agencies/offices? ___ YES ___ NO

11. Do you maintain a statewide directory of available services and resources for children and their families? ___ YES ___ NO

If yes, how often is the directory updated? ____________

V. FOSTER FAMILY CARE

Resource Development - Through Coordination of Services

Criterion Questions: (cont'd)

12. Do you disseminate this directory throughout the state?

___ YES ___ NO

13. Do you provide assistance to local agencies/offices in developing a local directory of services and resources?

___ YES ___ NO

14. Do you request regular feedback from local agencies/offices regarding the usefulness of these directories?

___ YES ___ NO

V. FOSTER FAMILY CARE

Resource Development - Through Purchase and Recruitment

Goal V-R-2: The state agency assists local agencies/offices to acquire sufficient foster family care services and resources to meet the determined need.

Criterion Questions:

PURCHASE OF SERVICES

1. Is there one person or unit at the state office who is responsible for providing technical assistance to local agencies/offices regarding purchase of FFC services?

   YES NO

2. Have you developed criteria for deciding which FFC services will be provided directly and which services will be purchased?

   YES NO

3. In making a decision to purchase services, are the following variables considered:

   a. Reasonable cost?

   YES NO

   b. Demonstrated capability and experience?

   YES NO

   c. Sound financial management?

   YES NO

   d. Quality of service?

   YES NO

4. Do you use a competitive bidding process, if appropriate, for deciding from which providers services will be purchased?

   YES NO

5. Does your reimbursement procedure for purchased services include definitions of:

   a. Units of service?

   YES NO

   b. Unit costs for each service?

   YES NO

   c. Acceptable quality of services?

   YES NO

Resource Development - Through Purchase and Recruitment

Criterion Questions: (cont'd)

RECRUITMENT

6. Do you assist local agencies/offices to develop sufficient service resources to meet identified need?

   ____ YES ____ NO

7. Do you recruit or assist in the recruitment of the following professional specialists to provide services to child welfare clients (on a fee basis, if necessary):

   a. Physicians (including psychiatrists)?

      ____ YES ____ NO

   b. Psychologists?

      ____ YES ____ NO

   c. Dentists?

      ____ YES ____ NO

   d. Attorneys?

      ____ YES ____ NO

   e. Educational specialists?

      ____ YES ____ NO

   f. Family therapists?

      ____ YES ____ NO

8. Do you provide local agencies/offices with promotional materials to assist them in recruiting needed resources?

   ____ YES ____ NO

9. Do you encourage local agencies/offices to:

   a. Recruit FFC homes for children who need specialized services (e.g., children who are mentally retarded, emotionally disturbed, physically ill or handicapped)?

      ____ YES ____ NO

   b. Use mass media to recruit families?

      ____ YES ____ NO

   c. Use foster parent volunteers in their recruitment and training programs?

      ____ YES ____ NO

10. Do you collaborate with child and family advocacy groups in your state (e.g., National Action for Foster Children)?

    ____ YES ____ NO

Resource Development - Through Purchase and Recruitment

Criterion Questions: (cont'd)

11. Do you provide technical assistance and training to local agencies/offices?
    ____ YES ____ NO

12. Do you know the average length of time it takes local agencies/offices to respond to applications from prospective foster parents?
    ____ YES ____ NO

    If yes, how long? __________

13. Do you determine whether local agencies'/offices' recruitment activities result in a sufficient number of foster parents to meet the determined need?
    ____ YES ____ NO

14. Do you determine the reasons foster parents terminate placements early, to assist local agencies/offices in retaining foster parents as a continuing resource?
    ____ YES ____ NO

15. Do you assess the effectiveness of local agencies'/offices' recruitment activities?
    ____ YES ____ NO

V. FOSTER FAMILY CARE

Resource Development - Through Public Information

Goal V-R-3: The state agency informs the public of the foster family care needs of children and their families and the availability of services.

Criterion Questions:

1. Do you have an individual or unit responsible for informing the public regarding FFC services?

   ____ YES ____ NO

2. Do you meet regularly with the following groups to inform them of the FFC needs of children and their families and the services available:

   a. Legislators and legislative committees?

   ____ YES ____ NO

   b. Community groups?

   ____ YES ____ NO

   c. Child and family advocacy groups?

   ____ YES ____ NO

   d. Professional organizations interested in the welfare of children in your state?

   ____ YES ____ NO

3. Do you respond promptly to requests for information from the public (e.g., legislators and the media)?

   ____ YES ____ NO

4. Do you utilize the following methods to provide information to the public:

   a. Television and radio spots?

   ____ YES ____ NO

   b. Newspapers?

   ____ YES ____ NO

   c. Pamphlets and brochures?

   ____ YES ____ NO

   d. Films and slides?

   ____ YES ____ NO

   e. Billboards and posters?

   ____ YES ____ NO

   f. Presentations by foster parents?

   ____ YES ____ NO

V. FOSTER FAMILY CARE

Resource Development - Through Public Information

Criterion Questions: (cont'd)

5. Do you ensure that local agencies/offices provide specific information to the public on the following:

   a. Application procedures? ___ YES ___ NO

   b. Eligibility criteria? ___ YES ___ NO

   c. Types of children needing placement? ___ YES ___ NO

Goal Achievement Score: Resource Development function of the FOSTER FAMILY CARE Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
V-R-1	________	divided by 30 =	________
V-R-2	________	divided by 27 =	________
V-R-3	________	divided by 15 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = ☐ %

(Your state's Goal Achievement Score

on the Resource Development function

of the FOSTER FAMILY CARE Program)

V. FOSTER FAMILY CARE

Implementation - Standards

Goal V-I-1: The state agency develops and disseminates standards, guidelines and licensing requirements for foster family care services.

Criterion Questions:

1. Do you have standards, guidelines and licensing requirements for foster family care services? ____ YES ____ NO

2. Do you regularly review standards, guidelines and licensing criteria to ensure that they are consonant with the following:

   a. Federal and state legislation regarding these services? ____ YES ____ NO

   b. Community norms and values? ____ YES ____ NO

   c. Practice guidelines established by professional organizations? ____ YES ____ NO

3. Are the following services available to all FFC clients (children, their parents, and foster parents):

   a. Pre-placement casework counseling? ____ YES ____ NO

   b. Pre-placement visits? ____ YES ____ NO

   c. On-going casework counseling services during placement? ____ YES ____ NO

   d. Post-placement casework counseling? ____ YES ____ NO

   e. FFC home studies? ____ YES ____ NO

   f. Foster parent training? ____ YES ____ NO

4. Is your state a signatory of the Interstate Compact on the Placement of Children? ____ YES ____ NO

5. Do you ensure that children placed out of state are always placed according to the terms of the Interstate Compact (or similar provisions)? ____ YES ____ NO

V. FOSTER FAMILY CARE

Implementation - Standards

Criterion Questions: (cont'd)

6. Within the past year, have you requested input regarding the impact of standards and licensing requirements on service provision from:

   a. Public agencies? ____ YES ____ NO

   b. Private agencies? ____ YES ____ NO

   c. Citizens and consumers? ____ YES ____ NO

7. Where applicable, do standards reference the legislation on which they are based? ____ YES ____ NO

8. Do you advocate for or against state bills based on your review of pending FFC legislation? ____ YES ____ NO

V. FOSTER FAMILY CARE

Implementation - Staff Development and Training

Goal V-I-2: The state agency provides staff development and training to local agencies/offices providing foster family care services.

Criterion Questions:

1. Do you have a method of identifying staff development and training needs of local agencies/offices?

   YES NO

2. Is there a person or unit responsible for coordinating and providing staff development and training in areas of identified need?

   YES NO

3. Do you inform every local agency/office of the person at the state level who is responsible for providing information on staff development and training actvities?

   YES NO

4. Do you use federal matching funds for training FFC staff?

   YES NO

5. Do you provide specialized training programs for FFC staff?

   YES NO

6. Are staff development opportunities available for personnel in agencies from which you purchase care?

   YES NO

7. Do you assist colleges and universities in developing course work relevant to FFC services?

   YES NO

8. Do you provide funds for:

   a. Staff to attend university workshops, seminars and courses?

      YES NO

   b. Educational leave for graduate training?

      YES NO

   c. Participation in professional conferences and meetings?

      YES NO

V. FOSTER FAMILY CARE

Implementation - Staff Development and Training

Criterion Questions: (cont'd)

9. Do you work with local staff:

   a. To set training priorities?
   ____ YES ____ NO

   b. To design in-service training programs?
   ____ YES ____ NO

   c. To disseminate new training materials for FFC services staff?
   ____ YES ____ NO

10. Do you require all FFC staff to participate in at least one in-service training program each year?
   ____ YES ____ NO

11. Do you assess your staff development and training program in the following ways:

   a. Number of training programs offered?
   ____ YES ____ NO

   b. Number of staff attending?
   ____ YES ____ NO

   c. Systematic feedback regarding satisfaction with the programs?
   ____ YES ____ NO

12. Have you developed education and training programs for:

   a. Prospective foster parents?
   ____ YES ____ NO

   b. All foster parents?
   ____ YES ____ NO

13. Do you provide consultation to local staff development personnel regarding design and presentation of foster parent education programs?
   ____ YES ____ NO

14. Do you encourage local staff to involve foster parent volunteers in the design and conduct of foster parent education programs?
   ____ YES ____ NO

V. FOSTER FAMILY CARE

Implementation - Permanent Plans

Goal V-1-3: The state agency ensures that permanent plans are established for all children in foster family care.

Criterion Questions:

1. Have you issued a policy statement to all local agencies/offices that they should develop a written individualized case plan for each child in FFC which has as its goal a permanent placement for the child?

   ____ YES ____ NO

2. Have you determine what barriers prevent children in foster care from being placed in permanent homes?

   ____ YES ____ NO

3. Have you developed methods for overcoming barriers to developing permanent plans for all children in foster care?

   ____ YES ____ NO

4. Have you established written procedures to assist workers in developing permanent plans for children in FFC?

   ____ YES ____ NO

5. Do these procedures include:

   a. Structured, time-limited rehabilitation programs for biological parents?

      ____ YES ____ NO

   b. Early casework intervention from the time the child enters FFC?

      ____ YES ____ NO

   c. Planned, regular visits between parents and child?

      ____ YES ____ NO

   d. Training in how to choose the most appropriate plan to achieve permanence?

      ____ YES ____ NO

   e. Structured Treatment Plans?

      ____ YES ____ NO

   f. Termination of parental rights, if necessary?

      ____ YES ____ NO

   g. Availability of a range of permanent placement options?

      ____ YES ____ NO

Criterion Questions: (cont'd)

6. Are the following placement options available:

   a. Subsidized adoption? ____ YES ____ NO

   b. Formalized, long-term foster care? ____ YES ____ NO

   c. Guardianships? ____ YES ____ NO

   d. Foster-Adopt programs? ____ YES ____ NO

Goal Achievement Score: Implementation function of the FOSTER FAMILY CARE Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
V-I-1	________	divided by 17 =	________
V-I-2	________	divided by 21 =	________
V-I-3	________	divided by 15 =	________
		Total =	________

Total multiplied by $\frac{100}{3} = \boxed{\quad\quad \%}$

(Your state's Goal Achievement Score

on the Implementation function of the

FOSTER FAMILY CARE Program)

V. FOSTER FAMILY CARE

Monitoring - Data Collection

Goal V-M-1: The state agency collects data necessary to carry out foster family care monitoring activities.

Criterion Questions:

1. Do you have resources to collect the data to meet your monitoring objectives, including:
   - a. Management information system? ____ YES ____ NO
   - b. Data processing capability? ____ YES ____ NO
   - c. Clerical and support staff? ____ YES ____ NO
   - d. Analytic staff? ____ YES ____ NO
   - e. Staff to conduct site visits? ____ YES ____ NO
2. Is there one individual or unit that is responsible for collecting monitoring data on FFC activities? ____ YES ____ NO
3. Are local staff involved in:
   - a. Decisions regarding which data are to be collected? ____ YES ____ NO
   - b. Decisions regarding frequency of reporting? ____ YES ____ NO
   - c. Establishment of procedures for collecting data? ____ YES ____ NO
4. Do you use all data that are collected? ____ YES ____ NO
5. Do you consolidate reporting requirements to eliminate duplication? ____ YES ____ NO

Criterion Questions: (cont'd)

6. Are reporting forms regularly reviewed to:

   a. Update data requirements? ____ YES ____ NO

   b. Delete obsolete items? ____ YES ____ NO

7. Do you always inform local staff of the reasons for changes in reporting requirements? ____ YES ____ NO

8. Do you make periodic site visits to:

   a. Review a sample of case records? ____ YES ____ NO

   b. Observe the accuracy of data collection procedures? ____ YES ____ NO

9. Do you give local agencies/offices summaries of relevant data they have reported? ____ YES ____ NO

   If yes, how often? ____________

10. Do you collect data on the following:

   a. Number of children receiving FFC service? ____ YES ____ NO

   b. Number of FFC placements each child has had? ____ YES ____ NO

   c. Number of children who are awaiting FFC placement? ____ YES ____ NO

   d. Demographic characteristics of the children in FFC placement? ____ YES ____ NO

   e. Demographic characteristics of children awaiting FFC placement? ____ YES ____ NO

   f. Number of children placed in FFC in the past year? ____ YES ____ NO

   g. Number of foster families that terminate placements prematurely? ____ YES ____ NO

   h. Reasons why foster families terminate placements? ____ YES ____ NO

V. FOSTER FAMILY CARE

Monitoring - Service Provision

Goal V-M-2: The state agency monitors the provision of foster family care services.

Criterion Questions:

1. Is there an individual or unit responsible for:
    - a. Conducting monitoring activities? ___ YES ___ NO
    - b. Analyzing the data on services provided? ___ YES ___ NO
2. Do you use objective measures to identify deficiencies in:
    - a. Program management? ___ YES ___ NO
    - b. Service delivery? ___ YES ___ NO
    - c. Facilities? ___ YES ___ NO
3. Do you periodically review a random sample of local agency case records? ___ YES ___ NO
4. Do your monitoring activities enable you to identify:
    - a. An unduplicated count of children receiving FFC services at any given time? ___ YES ___ NO
    - b. Average length of time a child is in FFC? ___ YES ___ NO
    - d. Whether every child and family has a written case plan? ___ YES ___ NO
    - e. Whether case plans are reviewed at least once every six months? ___ YES ___ NO

* 5. Do you provide assistance to local agencies in monitoring:
    - a. Purchase of service contracts? ___ YES ___ NO
    - b. Licensed Facilities to ensure compliance? ___ YES ___ NO

6. Do you provide assistance to local agencies in conducting their licensing activities? ___ YES ___ NO

* If you have responsibility for monitoring purchase of service contracts or licensing facilities see Goal II-M-4 in the Management checklist for additional questions.

V. FOSTER FAMILY CARE

Monitoring - Utilization of Findings

Goal V-M-3: The state agency uses monitoring findings to help agencies correct deficiencies and improve foster family care services.

Criterion Questions:

1. Do you give local agencies/offices summaries of relevant data they have reported? ____ YES ____ NO

2. Do you inform local agencies/offices in writing of the positive and negative findings of your monitoring activities? ____ YES ____ NO

3. Do you determine the reasons for agency deficiencies? ____ YES ____ NO

4. Is there a formal procedure for agencies to follow in responding to a report of negative findings? ____ YES ____ NO

5. Do you offer recommendations to help agencies correct deficiencies and improve services? ____ YES ____ NO

6. Do you provide technical assistance and consultation to enable agencies to correct deficiencies and improve services? ____ YES ____ NO

Goal Achievement Score: Monitoring function of the FOSTER FAMILY CARE Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
V-M-1	________	divided by 25 =	________
V-M-2	________	divided by 13 =	________
V-M-3	________	divided by 6 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = $\boxed{\quad\%}$

(Your state's Goal Achievement Score

on the Monitoring function of the

FOSTER FAMILY CARE Program)

V. FOSTER FAMILY CARE

Evaluation - Conduct of Evaluation Studies

Goal V-E-1: The state agency evaluates the effectiveness and efficiency of foster family care services.

Criterion Questions:

1. Before formal program evaluations are initiated, are FFC services assessed to determine whether:

   a. Goals and/or objectives are stated in measurable terms? ____ YES ____ NO

   b. A data collection system has been established? ____ YES ____ NO

   c. Descriptive program data are routinely collected? ____ YES ____ NO

   d. Outcome measures have been established? ____ YES ____ NO

2. Do evaluation staff recommend necessary changes if the above criteria (a-d) for evaluating services are inadequate or missing? ____ YES ____ NO

3. Are evaluation studies conducted to:

   a. Determine whether FFC services are achieving their stated goals and objectives? ____ YES ____ NO

   b. Compare the outcomes (i.e., extent of goal achievement) of FFC services in different parts of the state or region? ____ YES ____ NO

4. Have units of service been defined for FFC services? ____ YES ____ NO

5. Are there procedures for computing costs of units of service? ____ YES ____ NO

6. Are cost analysis studies conducted to:

   a. Determine the cost of achieving desired outcomes? ____ YES ____ NO

   b. Determine the cost effectiveness of alternative programs? ____ YES ____ NO

V. FOSTER FAMILY CARE

Evaluation - Conduct of Evaluation Studies

Criterion Questions: (cont'd)

7. Is there a plan to evaluate all FFC services?

YES NO

8. Are new FFC services and demonstration projects designed to include an evaluation component?

YES NO

9. Is technical assistance provided to local agencies/offices in designing and conducting FFC services research studies?

YES NO

10. Does the state agency encourage local agencies/offices to conduct:

    a. Self-assessment activities?

    YES NO

    b. Surveys of client satisfaction with services?

    YES NO

V. FOSTER FAMILY CARE

Evaluation - Utilization of Evaluation Results

Goal V-E-2: The state agency promotes the use of evaluation results.

Criterion Questions:

1. Are findings of evaluation studies presented to key individuals including:

   a. Program staff? ___ YES ___ NO

   b. Program administrators? ___ YES ___ NO

   c. Legislators? ___ YES ___ NO

2. Are various methods used to disseminate evaluation results (e.g., memoes, printed reports, briefings, direct contact)? ___ YES ___ NO

3. Are findings of evaluation studies made available to decision makers when program and budget decisions are being made? ___ YES ___ NO

4. Do evaluation reports include:

   a. Recommendations for change? ___ YES ___ NO

   b. Action steps necessary to implement the change? ___ YES ___ NO

5. Are program staff encouraged to respond in writing to evaluation reports regarding:

   a. Their interpretation of evaluation findings? ___ YES ___ NO

   b. Their recommendations for changes? ___ YES ___ NO

6. Is technical assistance provided to local agencies/offices to implement agreed upon changes? ___ YES ___ NO

7. Are the recommendations of foster care evaluation studies incorporated in child welfare program plans? ___ YES ___ NO

Goal Achievement Score: Evaluation function of the FOSTER FAMILY CARE Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
V-E-1	________	divided by 16 =	________
V-E-2	________	divided by 11 =	________
		Total =	________

Total multiplied by $\frac{100}{2}$ = $\boxed{\quad\%}$

(Your state's Goal Achievement Score

on the Evaluation function of the

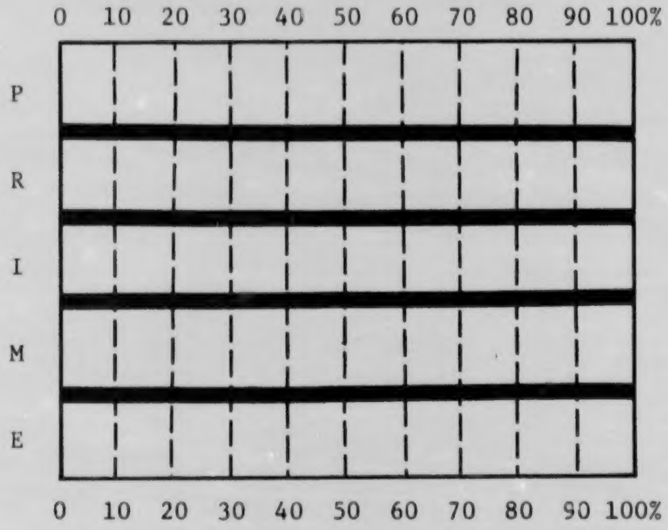
FOSTER FAMILY CARE Program)

Goal Achievement Program Summary for the FOSTER FAMILY CARE Program

The chart and profile below provide a summary of the FOSTER FAMILY CARE Program in your state. Fill in the chart below, entering the scores from the goal achievement summaries you have already completed (see page references provided below). To complete the Visual Profile, draw a line at the point in the column that corresponds to the score for each of the five (5) management functions. For example, if your state's score for the Planning (P) function were 65, you would draw a vertical line halfway between 60 and 70 to the right of the P (Planning) function on the profile. Fill in the space up to that line with a pen or pencil, as in a bar chart. The shaded areas depict the percentage of achievement for each management function. The unshaded area shows the remaining percentage to be achieved to obtain a perfect score (100%).

Function	Page	Goal Achievement Score
(P) Planning	(V-17)	____
(R) Resource Development	(V-26)	____
(I) Implementation	(V-33)	____
(M) Monitoring	(V-38)	____
(E) Evaluation	(V-42)	____

VISUAL PROFILE: FOSTER FAMILY CARE



STATE CHILD WELFARE PROGRAM SELF-ASSESSMENT MANUAL

V. FOSTER FAMILY CARE

RESOURCE SECTION

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

V. FOSTER FAMILY CARE

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V. FOSTER FAMILY CARE

INTRODUCTION

This Manual defines foster family care as providing a child separated from his or her natural or legal parents, with a substitute family for a planned period of time. States must provide services to children who enter the foster care system through voluntary or involuntary placement. To ensure that each child receives a nurturing parenting relationship, the state must continuously engage in planning, resource development, implementation, monitoring and evaluation activities of the foster care programs it administers or supervises. This section presents research findings, techniques and resources to assist states in providing more efficient and effective foster family services to children and their families.

To adequately plan foster family care services, the state must identify the types and numbers of foster family homes required to satisfy statewide foster care needs. Various needs assessment approaches for accomplishing this task are discussed. For example, states might adapt New York's method of projecting future foster family care needs. This section also discusses the purpose of developing and prioritizing clear statewide foster care goals.

Determining the costs of caring for foster children statewide, another state responsibility, is examined in this section. Information on methods of measuring the cost of foster family care at the state and local levels are also presented.

States must ensure that foster children are cared for in facilities that meet established standards of care. Reference is made to a set of foster family services standards that can be used by states. Staff development and training should be integral parts of each state's foster care program. There are federal funding resources identified that can aid states in developing foster family training programs. In addition, descriptions are included of several preservice and inservice training techniques for use in training staff and foster parents.

Monitoring foster care cases through case review systems is suggested as a way for states to maintain accurate information on the status of foster children. Several types of review systems and studies of their effectiveness are described.

The findings of several statewide foster care program evaluations suggest that statewide foster care goals and program objectives be used for evaluating program effectiveness. Descriptions of these evaluation studies are included in this section.

PLANNING-NEEDS ASSESSMENT

State departments of social services that either administer or supervise child welfare services share the responsibility for providing foster family home care to the estimated 395,000 children living with foster families in the United States. This figure represents 79% of the 502,000 children in all types of foster care facilities. The effective management of foster care programs cannot occur unless states have information on the number and characteristics of children who are receiving foster care or who need care, as well as the availability of a sufficient number of foster homes. Determining the foster care needs of children within the state is important in planning adequate child welfare resources, i.e., enough foster homes for children in need of care, or the provision of alternatives to foster care, such as the use of in-home supportive services.

Needs assessment is a pre-planning activity that can be undertaken to identify actual need for service "of a specified problem target group or condition and the type and quantity of services that are required to resolve a problem".1/ The Child Welfare League of America (CWLA) concluded from its 1960 study of the need for foster care in seven metroplitan areas that it is not possible to determine the actual child placement needs of families. The reasons given by the Child Welfare League of America were:

> ...first, we lack the means for accurate measurement of parental functioning that would be needed to identify family situations where children can be considered to require placement. Second, the complex and multifaceted nature of the problem indicates the unfeasibility of conducting interviews of sufficient depth and breath on a voluntary basis with a sufficiently large, representative sample of families on so sensitive a subject.2/

Rates-Under-Treatment (RUT)

An aspect of need which can be determined, however, is the concept of demand. The CWLA study used the rates-under-treatment (RUT) approach to measure need. The rates-under-treatment approach "is based on a descriptive enumeration of persons who have utilized the services of the health and welfare agencies of a community. The underlying assumption is that one can estimate the needs of the community (population) from a sample of persons who have received care or treatment."3/

According to CWLA one limitation of the study was that the findings would yield an under-estimation of true need. The researchers stated that

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1/ Child Welfare in 25 States (Washington, D.C.: Children's Bureau, Office of Child Development, U.S. Department of Health, Education, and Welfare, 1976), p. II-35.

2/ The Need for Foster Care (New York: Child Welfare League of America, 1969), p. 3.

3/ George Warheit, John Schwab, and Roger Bell, Planning for Change: Needs Assessment Approaches (Rockville, Maryland: The National Institute of Mental Health, U.S. Department of Health, Education, and Welfare, 1975), p. 41.

"...demand is closer to true need in child placement than in almost any other welfare program, since the problems precipitating placement are usually the result of crucial or urgent needs, have high visibility, and represent an issue of great concern to the general community."1/

The CWLA study sought information on the need for foster care in relation to the provision and availability of services to meet this need. Seven metropolitan areas in the United States which varied in location, size, economic level, and available social welfare services were selected for the study. The study assumed that requests for foster care would provide some approximation of the actual need for such care. Therefore, information was obtained on all requests for foster care received by 69 child care agencies in the seven cities between April 1 and June 30, 1966. However, study findings indicated that requests for service were strongly influenced by the services that were available.

In Planning for Change: Needs Assessment Approaches, Warheit, et al. discuss the design and techniques of the RUT approach. A statewide determination of foster care needs using the RUT approach is initiated by conducting an analysis of all foster care cases served by the various state offices. "The necessary information includes:

1. The sociodemographic characteristics of clients, e.g., age, race, sex
2. The presenting problem or problems
3. The characteristics of care/services provided
4. The frequency and duration of the care/services provided
5. The source of referral
6. Where possible, the outcomes of treatment or services provided."2/

A short rates-under-treatment data collection form should be developed for recording the above information. The information can then be easily transferred to tape or card for analysis.

A sample of cases can be drawn from each of the agencies as an alternative method. Retrieval of the data may require assignment of personnel from the state office or training of personnel within the local office. After the data have been collected, they should be statistically analyzed for associations and correlations and put into summary tables.

Studies of foster care need should be undertaken at both the state and local levels. Information derived from needs assessment studies can be used to document resource needs and problem areas.

> Such a study (of foster care needs) should be of value for the planning of child welfare services for two major reasons: (1) it would determine

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1/ The Need for Foster Care, p. 3.
2/ Warheit, et al., Planning for Change, p. 41.

which client characteristics, areas of need, and gaps in service are widespread among many communities, and thus provide data for general planning of foster care services, and (2) it would provide data on variations in extent of need, characteristics of client population, and availability of appropriate services among communities, of value to the communities in planning by enabling each to look at itself in comparison with others.1/

See the Management Resource section of this Manual pp. 55-61, for a discussion of several needs and resource assessment methodologies which have been used by states to collect information on needs.

PLANNING: GOAL SETTING

After the state has obtained information regarding foster care needs and utilization patterns through needs assessment, foster care goals should be formulated and prioritized. A goal is "a general description of purpose or desired outcome that can be accomplished as a result of meeting at least one, and usually a series of objectives."2/

The goals of foster family service, as stated in the Child Welfare League of America Standards for Foster Family Service, are to:

- maintain and enhance parental functioning to the fullest extent;
- provide the type of care and services best suited to each child's needs and development;
- minimize and counteract hazards to the child's emotional health inherent in separation from his own family and the conditions leading to it;
- facilitate the child's becoming part of the foster family, school, peer group and larger community;
- make possible continuity of relationship by preventing unnecessary changes;
- protect the child from harmful experiences;
- bring about the child's ultimate return to his natural family whenever desirable and feasible, or when indicated develop an alternative plan that provides a child with continuity of care 3/

1/ The Need for Foster Care, p. 2.

2/ John Himelrick and Sherri Aitken. An Introduction to State Capacity Building: Planning, Management and Delivery of Child and Family Services (Denver: Education Commission of the States, 1976), p. 39.

3/ Child Welfare League of America Standards for Foster Family Services. (New York: Child Welfare League of America, 1975), p. 9.

The American Public Welfare Association (APWA) states that "By priority, the goals of foster family services are to restore the family where this is possible, to place the child for adoption where this is not possible, or to make another permanent plan for his/her care."1/ These goals are consistent with the goals established by CWLA.

The above goals were developed by two national standard setting bodies and provide a framework or model for states when developing foster care programs. Each state, however, should establish its own set of foster care goals consonant with the goals developed by CWLA and APWA. These goals should be stated in clear and measurable terms and be realistically attainable over a projected time period. The effectiveness of the state's foster care program can be evaluated by these goals. Statewide foster care goals should be disseminated to foster care staff within the state and local offices.

The development of foster care program goals should be undertaken by a committee of individuals who are knowledgeable and concerned about foster care service delivery. The committee should include a broad-based representation of persons, such as state foster care program specialists, local agency foster care program administrators, local agency direct service workers, and foster care advocacy and consumer groups.

"Foster care for many children continues in agencies because goals have not been established or reevaluated."2/ Therefore, the state should establish a process for periodic reassessment and revision of goals.

PLANNING: PROJECTING RESOURCE NEEDS

Projections of future foster placement needs gives states a base from which to plan future resource requirements. In 1974, New York projected its foster care needs and identified alternatives to placement.3/ The study, conducted by the Center for New York City Affairs, New School for Social Research, made estimates of the current and projected needs for various types of foster care or alternative services and the costs of meeting these needs for the next ten years.

Projecting Need

The methodology used by the Center in projecting needs follows:

> The projections of the need for foster placement in 1980 [were] based on projections of the

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1/ Standards for Foster Family Services Systems with Guidelines for Implementation Specifically Related to Public Agencies. (Washington, D.C.: American Public Welfare Association, 1975), p. xi.

2/ Marian Peterson, "The Goals of Foster Care" in Foster Care in Question, edited by Helen Stone (New York: Child Welfare League of America, 1970), p. 165.

3/ Blanche Berstein, Donald A. Snider, and William Meezan, Foster Care Needs and Alternatives to Placement: A Projection for 1975-1985 (Albany, New York: New York State Board of Social Welfare, 1975).

> population of children under 18 by age and ethnic group and on past and projected trends in the proportion of children requiring foster placement. The projections were developed for the four age groups -- under 3, 3-6, 6-12 years of age and over.1/

The next step was to determine "the number of children awaiting placement and the number of children in the psychiatric wards and on probation who needed foster placement. The ratios of children in each age group derived in the first step were appropriately increased to reflect the preferred placement for all children within these groups who require foster care placement."2/

The third step took account of the fact that relatively twice as many children in the 3-6 and 6-12 year old groups could be in their own homes or adopted than among the under 3 or the 12 and over age group. Therefore, the ratios obtained in the previous step were decreased for the 3-6 and 6-12 groups.

Considering the impact of future changes in the level of family income in New York and the anticipated decline in the volume of immigration, the ratios of children in foster care figured in the third step were decreased by five percent to account for these changes.

Ratios were then applied to the projected 1980 child population for each age group to determine how many children would require foster care. The number of children in each group were distributed by the type of foster placement required as the final step.

From the projection, the state determined that

> The surplus in foster homes will continue through 1985 though it will be somewhat lower in 1980 than in 1974. The increase of 1,500 in the number of placements needed in 1980 in foster homes and agency-operated boarding homes, compared to the preferred pattern of placement in 1974, results from counterbalancing forces -- a significant decline in the number of children under six years requiring placement of any kind, some increase in the number of children 6-12 years of age, and a large increase in the number of children 12 and over requiring placement.3/

Projecting Costs

In estimating the total costs of foster placements for future years, the number of children needing each type of care (e.g., foster boarding homes, agency-operated boarding homes) were multiplied by the curent fiscal

---

1/ Bersten, et. al., Foster Care Needs, p. 2.
2/ Ibid., p. 87.
3/ Ibid., pp. 37-38.

year's expenditures for such care. The procedures used for estimating costs for all types of placements are summarized below:

1. It was assumed that the current fiscal year's expenditures for each type of care would be the largest amount of:
    (a) the preceding year's actual per-child per diem expenditure;
    (b) the preceding year's allowable per diem rate; and
    (c) the current year's allowable per diem rate.
2. These data were arranged in one table for each type of care.
3. The public share of these estimated expenditures was the higher of the allowable rates for the preceding year and the current year.
4. The voluntary agency's share of the estimated expenditures was determined by subtracting the estimated public share from the estimated total cost.
5. The average per-child per-diem estimated expenditure was derived by summing the products of each agency's total per-child per-diem costs and the number of days' care provided by that agency and dividing this number by the total number of days of care for all agencies.
6. The per-child per-diem estimated public expenditures were obtained using the same procedure, only substituting allowable costs, that is, the reimbursable amount, for care provided by each agency for the total cost. The per-child per-diem estimated voluntary cost was derived by subtracting from the other two averages.[1]

A more detailed discussion of the methodologies used to project foster care needs and to estimate costs are included in the study report, Foster Care Needs and Alternatives to Placement. The Board's recommendations for meeting these needs are presented in a companion document, A Plan For Action. Both documents are available for $2 from the:

Research Department
Center for New York City Affairs
New School for Social Research
66 Fifth Avenue
New York, New York 10011

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[1] Bernstein, et al., Foster Care Needs, p. 94.

RESOURCE DEVELOPMENT: THROUGH COORDINATION OF SERVICES

Program coordination ensures the involvement of all available community resources in providing services to foster children and their families.

> Coordination may be defined as the joint participation of individuals and agencies through an organized system designed to maximize the benefits of each program by aligning them so as to minimize overlap, duplication, and potential conflicts embodied in each... A system of coordination exists when the participating agencies have established certain objectives and have defined the framework in which they will work to achieve those objectives.1/

The state should identify those agencies that are responsible for administering child welfare related programs. An administrative structure for coordinating service delivery can then be established among the various agencies to ensure that clients receive appropriate services. The following can be used by states to encourage and improve inter-agency and intra-agency coordination of foster family service delivery:

- Inter-agency advisory or planning groups;
- Intra-agency advisory or planning groups;
- State and local advisory or planning groups;
- Surveys of state and local agencies;
- Formation of broad-based advisory groups;
- Formal contracts and memoranda of understanding;
- Informal discussions among agencies;
- Scheduled, periodic meetings;
- Use of memoranda and letters to notify and advise; and
- Review of other functional plans.2/

In addition to developing lines of communication with other agencies which deliver related services and thereby having a coordinated system of community resources, the state should encourage and assist in the development of a statewide citizens' advocacy committee for foster children. The development of an Action for Foster Children Committee within the state is one means of mobilizing and using available community resources. These committees are affiliated with National Action for Foster Children, Inc. (NAFC), a national voluntary effort to mobilize concern for foster children. NAFC was established in 1972 in response to a request from the National Foster Parent Association. In 1976, the Children's Bureau, Department of Health, Education, and Welfare, awarded a three year grant to the group to provide technical assistance to state and local groups interested in forming action committees. "The goal of National Action for Foster Children, Inc. (NAFC) is to assist in the establishment and training of citizen advocacy committees for foster children."3/

1/ Alternative Approaches to Program Planning Coordination in Social Services Planning (Atlanta: The Research Group, Inc., 1976).

2/ Ibid., pp. 15-17.

3/ NAFC Action Report. (Milwaukee: National Action for Foster Children, Inc., January 1978), p. 1.

For further information on the NAFC, write:

NAFC National Office
7301 Bradley Boulevard
Bethesda, Maryland 20034
(301) 365-4294

RESOURCE DEVELOPMENT: PURCHASE AND RECRUITMENT

Purchase-of-Service

In their national study Shyne and Shroeder found that 85% of children receiving foster family care services were served directly by public departments; 14% of these children received purchased services, and only 1% of the care was obtained through referral.1/ States that purchase foster family care should see the Management resource section of this Manual for a detailed discussion of purchase-of-service.

Recruitment

The availability of a sufficient number of foster families to meet statewide foster family care needs will enable children who need such care to be appropriately placed. To ensure an adequate supply of homes, the state must establish and maintain an ongoing recruitment program. This statewide recruitment program should provide local agencies/offices with the necessary promotional materials to carry out an effective campaign.

The American Public Welfare Association has revised its 1975 publication, Standards For Foster Family Services Systems, which presents standards specifically related to the administrative structure and service provisions of public agencies.2/ The manual contains standards for recruitment, selection, development and retention of foster homes that can be used as a guide to good practice.

The Association's Standard for Recruitment follows:

> A realistic and challenging year-round recruitment effort shall be put forth to develop foster homes which can provide the full range of services.

1/ Ann Shyne and Anita Shroeder, National Study of Social Services to Children and Their Families. (Washington, D.C.: U.S. Children's Bureau, Department of Health, Education, and Welfare, 1978).

2/ Standards for Foster Family Services Systems. Revised Edition (Washington, D.C.: American Public Welfare Association, January 1979).

1. Recruitment shall be based on the agency's regularly assessed needs and its available resources. Consideration shall be given to the following when establishing recruitment priorities:

   A. Characteristics of children needing placement.
   B. Geographic distribution of unmet needs.
   C. New information based on validated research and practice.
   D. Socioeconomic conditions.
   E. Availability of resources sufficient to maintain the number and variety of homes needed.

2. The recruitment program shall be widely publicized throughout the community using a variety of media and other techniques. The agency shall use its present foster parents and volunteers to recruit new foster families. For example, foster parents and volunteers may be involved in the following ways:

   A. One-to-one contacts with neighbors.
   B. Speaking engagements and screening of potential foster parents.
   C. Outreach activities to solicit people with qualifications needed to provide specialized foster family care.
   D. Outreach activities to solicit minority group foster parents.

3. The recruitment program shall realistically present the abilities needed to provide care for special kinds of children, including:

   A. Adolescents.
   B. Status offenders.
   C. Infants available for adoption.
   D. Sibling groups.
   E. Children with physical disabilities.
   F. Mentally impaired children.
   G. Emotionally deprived and emotionally disturbed children.
   H. Other identifiable groups in need of services.

4. When possible, consideration shall be given to cooperating with other agencies to recruit foster families or to sponsoring recruitment programs with other agencies.

5. The effectiveness of the recruitment program shall be evaluated by people with expertise in public relations and social services and by foster parents. Determinations of effectiveness shall be based on approval and turnover rates for recruited families and on an assessment of the extent to which the results of the recruitment program match the service needs of the agency's clients.1/

1/ Standards for Foster Family Services Systems, pp. 54-55.

States shall periodically evaluate their recruitment activities to determine if they are: (1) adequately informing the public of the foster care needs of children, and (2) attracting a sufficient number of quality foster homes for all types of children needing placement.

RESOURCE DEVELOPMENT: FINANCIAL ADMINISTRATION

A recent nationwide survey of state payment plans and programs for foster family care found that "Public payment systems for foster care vary widely across the United States."[1] State payment systems vary in the criteria used to determine foster care payment levels, in the basis used to set rates, in the administration of payment systems (43 states have partially or completely state administered foster care systems, 7 state programs are county or locally administered), and in the proportion of state expenditures to voluntary foster care agencies. Regardless of these variations each state should be able to determine its annual costs of caring for foster children statewide.

In 1975, The College of Business and Economics, in collaboration with the College of Home Economics of the University of Delaware, conducted a national survey of public payments for foster family care. The survey was part of a Foster Care Cost Assessment Instrument Project funded by the Region III Office of Child Development, DHEW. The results of the survey showed that "there is a significant difference among states in the monthly or base rate paid for non-handicapped foster children... The primary variable accounting for differences in base rate payments within each state is age."[2]

The study further found that states generally revise base rates every twelve to twenty-four months. The rates presented in the table on page V-61 were obtained between May 1976 and October 1976; therefore, several states may have changed their rates since that time. The rates shown in this table may give states some basis for comparing their foster care rates with the rates paid by other states.

A report developed by the project, How To Measure the Cost of Foster Family Care, outlines a way to measure the cost of foster family care in local areas.[3] The cost information collected at the local level can be used by the state to determine costs statewide. Several procedures for measuring the direct and indirect costs of foster family care are presented in addition to four step-by-step worksheets for computing these costs.

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[1] Denis Healey, et al., A Nationwide Survey of Foster Family Care: Profiles of State Payment Plans and Programs (Newark, Delaware: Bureau of Economic and Business Research, 1977) p. 1. This material is a 1976 revision with new data of Chapter 7, "Public Payments for Foster Family Care: A Nationwide Look," by James Culley et al., Understanding and Measuring the Cost of Foster Family Care (Newark, Delaware: University of Delaware, 1975).

[2] Ibid., p. 4.

[3] Barbara Settles et al., How to Measure the Cost of Foster Family Care (Washington, D.C.: Office of Child Development, Department of Health, Education, and Welfare, 1977).

In determining the cost of caring for foster children statewide, states need to consider not only the monthly or base rate payment, but also the initial or one time payments made to foster parents and any additional payments made to the foster family.

Information on the complete Delaware study and related research may be obtained by writing to:

Bureau of Economic and Business Research
College of Economic and Business Research
University of Delaware
Newark, Delaware

TABLE 1: MONTHLY BASE DATA BY STATE FOR FOSTER CHILDREN OF DIFFERENT AGES[a]

(States listed in italics are organized on a county-wide rather than a state-wide basis. Data were gathered in summer/fall 1976 unless otherwise noted.)

	Age 2	Age 7	Age 13	Age 18
Alabama[b]	$ 125	$ 125	$ 125	$ 125
Alaska	194-206	233-248	272-281	272-281
Arizona[c]	109	108	109	109
Arkansas	91	98	105	110
California[d]	149	171	182-186	182-186
Colorado[e]	140	160	180	193
Connecticut[d] (1974 data)	127	133	136	133
Delaware	110	129	154	171
District of Columbia	182	182	199	199
Florida	109	118	160	160
Georgia	106	112	127	133
Hawaii	100	121	146	146
Idaho	100	110	137	137
Illinois	106	122	150	150
Indiana[d] (1974 data)	Varies by county from $88-112/mo.			
Iowa	130	170	210	220
Kansas	110	150	190	190
Kentucky	120	135	150	150
Louisiana	80	80	80	90
Maine	120	120	120	120
Maryland	89	97	114	114
Massachusetts[d,e] (1974 data)	109	154	203	203
Michigan	103	127	148	148
Minnesota[f]	111	142	187	204
Mississippi	123	123	123	123
Missouri	106	133	148	148
Montana	90	90	100	100
Nebraska	125	125	125	125
Nevada	120	120	150	150
New hampshire	81	81	92	92
New Jersey	100	106	113	123
New Mexico	80	80	80	85
New York	135-150	163-178	189-204	189-204
North Carolina	Varies between $65-115/mo.			
North Dakota	124	138	155	155
Ohio	Varies between $65-150 mo.			
Oklahoma	82	93	120	130
Oregon (1974 data)	88	103	103	139
Pennsylvania	Average of $104/mo.			
Rhode Island	95	95	117	117
South Carolina	90	100	110	110
South Dakota	99	122	122	149
Tennessee	95	130	130	156
Texas	90	90	90	90
Utah	118	118	134	134
Vermont	108	115	145	145
Virginia[g]	96-102	118-126	136-146	136-146
Washington	107	131	154	154
West Virginia	92	110	128	128
Wisconsin	154	190	190	235
Wyoming	100	100	120	120
Maximum for all states	206	248	281	281
Minimum for all states	80	80	80	85

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[a] The ages used in this table are representative of preschool, pre-teen, and teenage foster children. Detailed rates for foster children of all ages may be found in the state profiles at the end of this article.

[b] Includes $30 per month service fee paid to parents.

[c] Semiannual book and fees allowance: $60 in August; $30 in January.

[d] Estimated in 1975; no update was provided.

[e] Only cases with special individual needs are given additional payments.

[f] Changing to uniform statewide rates in late 1976.

[g] Virginia includes a $100 annual maintenance charge.

IMPLEMENTATION: STANDARDS

The promulgation and enforcement of uniform licensing standards for agencies and individuals providing foster family services and care is a state responsibility. The American Public Welfare Association (APWA) has recently revised its first set of Standards for Foster Family Services Systems which were published in 1975. The Standards serve as a guide to good practice for foster family service systems. There are 15 standards that states can use in assessing their system's adequacy, setting requirements for licensing foster family services, and monitoring purchased foster family services.

The Standards contain a section specifically related to standards development and licensing. Guidelines for standard development, application of the licensing standards, and monitoring and enforcement of licensing standards are included in this section. In addition, APWA has prepared a separate User's Guide to assist agencies in using the Standards as a self-assessment tool.

For further information on these publications write:

American Public Welfare Asssociation
1155 Sixteenth Street, N. W., Suite 201
Washington, D. C. 20036

IMPLEMENTATION: STAFF DEVELOPMENT AND TRAINING

A recent U.S. Children's Bureau survey of child welfare service delivery in 25 states found that "most states considered their staff training and development as inadequate... (and) only a few states have any specialized child welfare training available to staff."1/

In most states, responsibility for staff training is shared locally and by the state while local/regional or state responsibility is found in only a few states. Less than half of the states reported having personnel whose sole responsibility is training. In-service training is frequently provided by the first-line supervisor and supplemented by generic courses taught at an educational institution. The lack of training opportunities and the level of staff training are two areas that may need attention by most states.

Several federal funding resources are available to states when developing foster family training programs. Title IV-B of the Social Security Act provides each state welfare department a federal grant-in-aid for child welfare services. These funds can be used for staff training and development. For example, "In Texas, the regional offices are each given a Title IV-B grant of $10,000 to purchase consulting or training resources and are expected to set their own priorities within state guidelines."2/

1/ Child Welfare in 25 States, p. II-72.
2/ Ibid., p. II-73.

In addition, "under Title IV-A of the Social Security Act, AFDC funds can be used for training and education purposes for foster parents whether or not they personally care for AFDC foster care children."1/ Funds are available on a 3-to-1 matching basis with federal funds financing 75% of the costs and the state financing 25% of the costs.

The provision of quality foster care services is contingent upon the use of staff and foster parents who have specialized skills. Training programs are one means of obtaining these specialized skills. Recent statewide studies were undertaken by Arizona, California, Iowa, Massachusetts and Vermont to evaluate their foster family care programs. A report on the studies of these 5 states revealed that "foster parents receive little or no orientation training prior to placement of a foster child, and most of the states studied neither provide nor require any training during placement."2/ The studies found, however, that many foster parents wanted to receive training and many had sought training on their own through participation in foster parent associations. The studies also determined that additional staff training, developed at the state level, was needed for workers. One recommendation of the states' reports was that in-service training programs be developed, provided, and required as a condition of employment. "These (in-service training programs) should stress:

- Competent case recording techniques
- Development of case plans
- Identification of special problems
- Methods of solving problems
- Setting short and long range goals
- Time frames for achieving goals
- Follow-up, review and revision of case plans."3/

The State of Florida's Department of Health and Rehabilitative Services (DHRS) made a similar finding during its survey of foster care and adoption services: "Caseworkers interviewed in the survey indicated the extent of their needs for training. Just one half of them felt that their training in casework and caseload management had not been adequate. Eight out of every ten DHRS workers said that they would like to have more training in casework practice and two-thirds of them would like more in caseload management."4/

1/ Helen Stone and Jeanne Hunzeker, Education for Foster Family Care Models and Methods for Foster Parents and Social Workers (New York: Child Welfare League of America, 1974), p. 102.

2/ Shirley Vasaly, Foster Care in Five States: A Synthesis and Analysis of Studies from Arizona, California, Iowa, Massachusetts and Vermont (Washington, D.C.: Social Research Group, George Washington University, 1976), p. 99.

3/ Vasaly, Foster Care in Five States, p. 109.

4/ "Proposed Plan for the Improvement of Foster Care and Adoption Services for the State of Florida" (Washington, D.C.: Mott-McDonald Associates, Inc., March 1977), p. V-1.

A proposed plan for improving foster care and adoption services suggested that both state and individual district comprehensive annual training plans should be developed to meet this training need. The following recommendations, suggested for Florida, could also be relevant to other states:

- "Provide for a training package orienting new staff members to the Department and its programs and to their specific roles and responsibilities within it;
- Provide for developing existing staff personnel through a strong in-service training program;
- Identify and remove barriers to training and career development and replace them with incentives;
- Include an educational leave program;
- Build on the existing core of internal knowledge and expertise;
- Inform decision-makers and the general public concerning the needs and problems of children and youth in the State;
- Provide for training foster care providers and private agency staff; and
- Provide for the evaluation of training programs and the dissemination and application of the findings from those evaluations."[1]

The "Proposed Plan For the Improvement of Foster Care and Adoption Services," developed for Florida, may be useful to other state administrators as a planning tool. This plan is available from:

Mott-McDonald Associates, Inc.
2011 Eye Street, N. W.
Suite 501
Washington, D.C. 20006
Price: $4.00

Training and education should be integral parts of each state's foster care program. Foster parents and agency staff who handle foster care cases need to fully understand their respective roles and reponsibilities. In addition to basic parenting skills, foster parents should be able to handle situations that may arise during a foster placement. Foster parents should be offered special training to prepare them to deal with the special needs of foster children. Foster parents must be able to help foster children with the stress that may have been created by prior traumatic experiences, frequent placement changes, separation anxiety, and natural parent visitations.

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[1] "Proposed Plan for the Improvement of Foster Care and Adoption Services for the State of Florida," p. V-2.

The State Office can promote more successful foster placement experiences by providing a structured orientation to foster parenting. Agency foster care staff also should be provided on-going training as a means of strengthening their competencies in handling foster placements and furthering the objectives of foster family services.

Several pre-service and in-service training techniques, developed for educating foster parents and social workers, are available. The Child Welfare League of America in collaboration with the Education Development Center of Cambridge, Massachusetts, developed three new curricula for foster parents. Funds for the development of these materials were provided by the U.S. Children's Bureau. The courses are entitled Introduction to Foster Parenting, Foster Parenting an Adolescent, and Introduction to Foster Parenting a Retarded Child. Introduction to Foster Parenting, a basic course, is designed for new foster parents awaiting a foster child. The curriculum consists of a series of six two-hour sessions which cover six topics: "What is Foster Parenting"; "The Foster Child in Our Home"; "Our Foster Child's Natural Parents"; "Working with the Agency"; "You, the Agency, and the Community"; and "Placement." The training material for the course includes a 136-page Leader's Guide - a one hour Leader Training Cassette, a 32-page workbook for foster parents, a set of audio-visual materials, and two cassette tapes on which experienced foster parents discuss their experiences. The Introduction to Foster Parenting curriculum costs $350. The Foster Parenting an Adolescent curriculum consists of a series of seven two-hour sessions. The course focuses on the special aspects of parenting an adolescent foster child. The curriculum package costs $495 and contains a Comprehensive Leader's Guide, workbooks, a book on selected readings for the foster parent, two color 16 mm films and cassette tapes.

Each curriculum was field tested and evaluated by foster parents throughout the United States prior to publication and dissemination. To order the curriculum or to obtain further information on prices of individual items, write:

Foster Parent Curriculum Project
Child Welfare League of America
67 Irving Place
New York, New York 10003

The Boston University School of Social Work, through a grant from the Social and Rehabilitation Service, Department of Health, Education, and Welfare, has also developed basic curriculum materials designed for training foster family workers and foster parents. The materials, Foster Care: How To Develop An Educational Program For Staff or Foster Parents, can be ordered from:

Boston University School of Social Work
Division of Continuing Education
264 Bay State Road
Boston, Massachusetts 02215

There is a charge of $1.50 for postage and handling.

In an effort to stimulate, collect, and disseminate training programs and materials for foster parents and foster care workers, the Child Welfare League of America initiated a Foster Parent Project. The project began in 1971 through a grant from the Children's Bureau, Administration for Children, Youth and Families (DHEW). The project, a national effort for education in foster care, made use of foster care educational consultants including foster parents, social workers, educators and staff development specialists from across the country.

In June 1973, the project held a National Invitational Training Seminar where model program outlines were developed for pre-service training for foster parents, ongoing foster care worker training, and staff development. The material, developed by Helen D. Stone and Jeanne M. Hunzeker, is entitled Education for Foster Family Care: Models and Methods for Foster Parents and Social Workers and includes course outlines used in the Foster Parent Project training sessions. The materials consists of: three models of pre-service training programs, five models of in-service programs, two models of foster care worker training programs, and two models of staff development sessions used by different social service agencies. Information is provided on how input from foster parents and social workers regarding educational concerns and interest were solicited, the content and structure of the training sessions, and how the programs were funded and evaluated. A list of reading resources and films is presented for each type of training program model. This publication is available from:

Child Welfare League of America, Inc.
67 Irving Place
New York, New York 10003
Price: $6.95

A similar foster parent education curriculum has been developed by the Department of Family and Child Development, College of Home Economics at Kansas State University. Support for the development of these training materials was obtained from the Children's Bureau (ACYF, DHEW), and the Kansas State Agricultural Experiment, Project 341. The curriculum, a series of eight parts, can be adapted for pre-service or in-service training. The package consists of a basic text and seven units of curriculum material. Foundations for Foster Parent Education costs $4.50, and includes chapters based on fundamental concepts of foster parent training. Introduction to Foster Parenting, Volumes I and II cover the competencies needed by foster parents, background material for the instructor, discussion guides, and resources. Various topics related to foster parenting are included. Introduction to Foster Parenting Volume I costs $4.00, and Introduction to Foster Parenting Volume II costs $3.50.

Four separate booklets, entitled Social and Psychological Development of Children, cover the normal expected behavior of children in different age ranges: the infant (0-1 yr.) $2.75; toddler (1-2 yrs.) $3.75; preschool child (3-5 yrs.) $3.50, and school-age child (6-12 yrs.) $2.75. Appropriate adult behavior, guidance techniques and possible behavior problems are also discussed. An outline for instruction, background information for the instructor, discussion questions and suggested resource materials are included in each booklet. Another publication, Moral Development in the

Adolescent Years, is organized similarly and costs $4.00.

The set of 8 curricula can be ordered from:

Department of Family and Child Development
Foster Parent Project
Room 143
Justin Hall
Kansas State University
Price: $28.25 (ordered individually)
$19.50 (set)

Specialized training should be available from the state to prepare foster parents to effectively deal with foster children who have special needs. A variety of training programs and techniques have been developed for this purpose. Eastern Michigan University is conducting a four-year Foster Parent Training Project designed to develop a statewide program to increase the parenting skills of foster parents, particularly foster parents who care for children with special physical, mental or emotional needs. The Project, which began in 1974, has successfully taught the courses to approximately 1,000 foster parents. The courses are designed for eight, two and one-half hour sessions, and are taught as independent units. The training materials are: Revised Course Outlines: Foster Parent Training Project, which costs $7.00, and Introduction to Instructors Manual, for which there is no charge.

A 16 week training course for foster parents who care for foster children with developmental disabilities has also been developed through the Foster Parent Training Project at Eastern Michigan University. The instructor's manual for the course costs $4.75 and the trainer's workbook costs $2.00. The Foster Parent Training Project's materials can be ordered from:

Department of Sociology
Eastern Michigan University
Ypsilanti, Michigan 48197

Another manual for training foster parents to care for children with developmental disabilities was prepared during a one year project funded by the Massachusetts Developmental Disabilities Council. The manual, Foster Care of the Developmentally Disabled: A Basic Course For Foster Parents and Foster Care Workers, by Gwendolyn Murphy, can be ordered from:

Boston University School of Social Work
Division of Continuing Education
264 Bay Street Road
Boston, Massachusetts 02215
Price: $7.00

The training materials described in this section may not be relevant to all states. States should therefore review these materials to determine their appropriateness.

IMPLEMENTATION - PERMANENT PLANS

Foster family care is intended to be a temporary substitute arrangement for a planned period of time, for a child whose parents are unable to take care of him or her. There are, however, a number of children in foster care whose temporary placements become permanent living arrangements. It is this problem that permanency planning is designed to address. These children may remain in care for very long periods of time with no plans made nor services provided to secure placement in permanent homes. In order to work toward amelioration of this problem, referred to as drift, states should develop policies that support permanency planning, and should provide assistance to local agencies/offices to implement these policies in their foster care programs.

It is important that states identify the barriers that have kept workers from engaging in permanent planning and take steps to overcome these barriers.1/ A comprehensive approach to permanent planning should be adopted by the state. Administrative support and commitment to permanency planning statewide could assist in the achievement of a permanent placement for each child in foster care.

In 1973, the Children's Services Division of the Oregon State Department of Human Resources initiated a three-year demonstration project, "Freeing Children for Permanent Placement." The project, supported by a grant from the U.S. Children's Bureau, was directed towards moving children, who seemed in danger of drifting in foster care without a plan for permanence, into permanent living arrangements. The 509 children selected for the project had been in foster care more than one year, their caseworker's perceived them as being unlikely to return home, and were adoptable.

Results of the project showed that, "...three years after the project officially began, permanent placements had been implemented for 72% of the 509 children accepted by the project."2/

The Regional Research Institute conducted a follow-up study through funds from the U.S. Children's Bureau to assess the stability and success of these placements. The researchers compared the project's record of case dispositions with that of regular Children's Services Division cases.

The key findings of the follow-up study are summarized below:

> *Permanent placements made by both project workers and regular caseworkers were stable*. Overall, 90

1/ See: *Barriers to Planning for Children in Foster Care* (Portland, Oregon: Regional Research Institute for Human Services, 1976); and Arthur Emlen et al., *Overcoming Barriers to Planning for Children in Foster Care* (Portland, Oregon. Regional Research Institute for Human Services, 1977).

2/ Arthur Emlen et al., *Overcoming Barriers to Planning for Children in Foster Care* (Portland, Oregon: Regional Research Institute for Human Services, 1977), p. 4.

> percent of the permanent placements remained intact. 93% of the project and 82% of the comparison group adoptions were stable.
>
> Children in placements perceived as permanent by parents were more likely to be getting along better. Our single most important finding was that a sense of permanence was one of the best predictors of a child's well-being. However, sense of permanence was not necessarily related to the legal permanence of the placement.
>
> Children who got along well when they first entered a placement were more likely to continue to do so.
>
> Children returned to their parents were doing well but did not score as high on satisfaction measures as those in other placements.
>
> The overall satisfaction with the placements was high and increased over time.
>
> Children in foster care were getting along surprisingly well. No differences were found between this group and the adopted children...the finding that children in foster care are not faring poorly does not obviate the aim of permanent planning to eliminate the possibility of foster care drift.[1]

States may be interested in the following publications on the study results:

1) "Follow-Up Study of the Oregon Project." This is a complete technical report of all findings and includes appendices. (Order No. 045)

2) "Follow-Up Study of the Oregon Project: A Summary." This is a shorter, simplified version of the study results. (Order No. 006)

They are available from:

Permanent Planning Project
Regional Research Institute
Portland State University
Post Office Box 751
Portland, Oregon 97207

In addition, a guide entitled, Permanent Planning for Children in Foster Care: A Handbook for Social Workers was developed by the Project.

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[1] Janet Lahti, "Oregon Project: A Follow-up Study," Case Record Permanent Planning Project Bulletin 2:3 (August 1978), pp. 3-5.

The document provides a practical step-by-step guide to securing permanent families for children in foster care. States can obtain copies of the Handbook by writing to:

Publications Unit
Children's Bureau
Administration for Children, Youth
and Families
Box 1182
Washington, D. C. 20013

Resource materials have been developed by the Regional Research Institute for Human Services of Portland, Oregon that can assist states in implementing a statewide or agency-wide permanent planning effort. These materials can be used to educate staff on permanent planning for children in foster care. Permanent Planning in Foster Care: A Guide for Program Planners can assist states in implementing a permanent planning model.[1] The relationship between three phases of program planning are discussed in the guide: 1) organizing political support for a program; 2) general program planning activities; and 3) program implementation. This document is available from:

Regional Research Institute
for Human Services
Portland State University
Post Office Box 751
Portland, Oregon 97207
Price: $2.00

Another resource, Permanent Planning in Foster Care: Resources for Training identifies training resources that can be used with caseworkers.[2] This book is also available from the Regional Research Institute for Human Services and costs $6.00.

A complete publication list of documents on permanent planning developed by the Institute can be obtained by writing to the above address.

1/ Linda Dreyer, Permanent Planning in Foster Care: A Guide for Program Planners (Portland, Oregon: Regional Research Institute for Human Services, 1978).

2/ Susan Downs, and Catherine Taylor eds., Permanent Planning In Foster Care: Resources for Training (Portland, Oregon: Regional Research Institute for Human Services, 1978).

MONITORING: DATA COLLECTION

Data on the status of each child placed in foster family care are obtained by states either through manual or computerized management information systems. This information can be used to determine if services are being delivered as planned and to make managment decisions.

A recent study was conducted by Fanshel to determine if data collected on the availability and capacities of parents of children in foster care were useful for making management decisions.1/ Data were collected from 1,293 cases in 26 child welfare agencies in New York City. The study found that approximately 52% of the mothers were available and many had parental functioning problems. Data were also collected on service needs of parents, their willingness to use services, services needed but not available, and service contracts already established.

Fanshel suggested that these data were useful for making resource allocations and for program evaluation purposes. On the basis of Fanshel's results the data base of New York's computerized Child Welfare Information system may be expanded to include routine collection of data on the parents of children in foster care. The study is available from:

School of Social Work
Columbia University
622 W. 113 Street
New York, New York 10025
Price: $5.00

States interested in evaluating the status and effectiveness of their management information systems may be interested in the profile developed by the Utah Department of Social Services, Division of Family Services, which provides a social services managment information and control system. The profile, Evaluation of the Status and Effectiveness of State and Local Human Service Information System Profile - Social Service Delivery Management Information and Control System, is available from:

National Technical Information Service
5285 Port Royal Road
Springfield, Virginia 22161
Price: $4.50

or

Project Share
Post Office Box 2309
Rockville, Maryland 20852
SHR-0001104
Price: $4.50

1/ David Fanshel, Computerized Information on Child Welfare: The Availability and Capacities of Parents of Children In Foster Care For Service Involvement (New York: Columbia University School of Social Work, 1978).

MONITORING: SERVICE PROVISION

States should periodically determine the status of each child in foster care, in order to prevent children from drifting through the foster care system without a plan for permanence and to ensure that children do not get lost in the system. A 1959 study by Maas and Engler 1/ demonstrated that foster children often remain in what are intended to be temporary placements for indefinite periods of time. The findings also suggest that staying in foster care for more than two years increases a child's chances of remaining in foster care until majority. A subsequent follow-up study conducted ten years later by Maas 2/ of the same population studied by Maas and Engler supported the earlier findings. Many children in foster care today drift through the system because their plans and progress are not monitored.

Monitoring of foster care cases can enable the state to prevent drift by determining the status of each child and determining which children are unlikely to return home. A system should be in place that enables the state to track each child who is in foster care. Periodic agency-administered case reviews and annual court reviews of involuntary placements are two means by which the state can maintain accurate and up-to-date information on the status of foster children. A national survey of state public agencies, however, found that a majority of states do not use both approaches to case review.3/

"Case review" is defined as a management control device for case-by-case monitoring of plans and progress of entire populations of children in foster care. The system's general characteristics are:

(1) A service delivery unit directly responsible for a case delivers periodic and standardized reports on the status of, and plan for, the case to a superordinate unit;

(2) The superordinate unit evaluates the information according to specified universalistic criteria to learn whether the status and plan are justified, and responds accordingly.4/

Agency-administered case review, independent review boards, and supervisory review are types of review systems that enable the state to determine: (1) whether or not goals of the case plan are being met,

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1/ Henry Maas and Richard Engler, Children in Need of Parents (New York: Columbia University Press, 1959).

2/ Henry Maas. "Children in Long-Term Foster Care, Child Welfare, June 1969.

3/ See: William Clayburn, Stephen Magura, and W. Resnick, Periodic Review In Foster Care, A Brief National Assessment (Trenton, New Jersey: State of New Jersey, Division of Youth and Family Services, 1975).

4/ W. Eugene Claburn and Stephen Magura, Foster Case Review in New Jersey: An Evaluation of Its Implementation and Effects. (Trenton, New Jersey: State of New Jersey, Division of Youth and Family Services, 1977), p. 1.

(2) the extent of client progress, and (3) the appropriateness of services delivered. A judicial review process allows the state to monitor foster care cases to ascertain the length of time a child has been in placement, the child's legal status, frequency of contacts with biological parents, and prospects for reuniting the family or terminating parental rights so that the child is free for adoption. Foster care review systems have been used by several states as a means of reducing foster care drift. The experiences of New York, South Carolina, and Virginia with review systems indicates that the review process is effective in moving children out of the foster care system.1/ The following discussion will focus on several studies of the effectiveness of case review.

Administrative Case Reviews of Children in Foster Care

> The administrative case review is an adjunct to the service planning process designed to achieve the following objectives:
>
> A. To monitor the progress and goal achievement of individual service plans.
>
> B. To assist service delivery team in its efforts to implement a service plan, seek alternative solutions to client problems, and achieve the objectives established for the child and his family.
>
> C. To identify the kinds of resources that may be lacking to serve children and families in need of foster family services; e.g., new services which need to be developed.
>
> D. To identify areas in which staff could benefit from technical assistance or training to improve foster family services.2/

A Child Welfare League of America study used this method as one of two intervention strategies.3/ The purpose of this one-year study was to test the effectiveness of intervention strategies to facilitate the return of foster children to their own homes or to prevent these children from drifting into indefinite long-term foster care. The study, conducted

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1/ See: Martha L. Jones, "Stopping Foster Care Drift: A Review of Legislation and Special Programs" Child Welfare 59:9 (November 1978), pp. 571-580.

2/ Standards for Foster Family Services Systems. Revised edition (Washington, D.C.: American Public Welfare Association January 1979), p. 31.

3/ Edmund Sherman et al., Children Adrift in Foster Care: A Study of Alternative Approaches. (New York: Child Welfare League of America. 1974).

at the Rhode Island Department of Social and Rehabilitative Services, required that each worker develop permanent plans for the foster children in their caseloads and periodically report on their efforts to implement these plans.

A second strategy dealt with the problem of loss of contact with natural parents through the use of two special foster care workers. The workers had primary responsibility for maintaining contact with the natural parents in an effort to engage in planning for the child's return home or, if return home was not possible, clarify the need for alternative plans. Four hundred and thirteen cases were distributed among three segments: segment 1 (control) -- 138 children, or 33%; segment 2 (monitoring only) -- 149 children, or 36%; segment 3 (special worker) -- 126 children, or 31%.1/

A case monitoring strategy was used to prevent children from getting lost in the sytem. Caseworkers completed a one page monitoring form in duplicate every three months for each study child. Workers used the form "to check his plan for the child and to note briefly what factors in child, parents and external circumstances interfered with implementing the plan, what activities the worker had carried out in the last three months to accomplish the plan, and what activities toward this end he planned for the next three months"2/ This form was filled out unless the child was discharged from foster care prior to the date when the form was due. Figure 1 on the next page shows a copy of the monitoring form used in the project. States may wish to develop a similar montoring form for use by local agencies.

The effect of the different intervention strategies on the status of the children was analyzed at the end of the one year study period. The findings from the study showed that

> ...there were not significantly more children removed from limbo ("no plan implemented") in either of the two experimental segments than in the control segment X^2 = 1.40, 2df, NS). In fact there were proportionally more for whom definite plans were implemented in the control segment (28%) than in the monitoring-only segment (23%) or in the special worker segment (21%)."3/

The researchers attributed this result to the higher proportion of the control group children who were returned to their parents.

The researchers stated that, "a significant effect of the monitoring intervention strategy was that its accountability features made the workers more realistic in their appraisals and plans for the foster children."4/

1/ Cases were not randomly assigned to experimental and control groups. The caseload was divided into three segments of about equal size with an anticipated distribution of approximately equal numbers of generally similar cases.

2/ Sherman, Children Adrift, p. 15.

3/ Ibid., p. 49-50.

4/ Ibid., p. 102.

FIGURE 1

CWIA Return Home Project

Form C

MONITORING FORM -- Quarterly Report

Name of child________________________Case No._________Worker______________________

1. Worker's present plan for child: Return to parent home____Permanent foster care____ Adoption____ Other (specify)____
2. Has the plan been carried out? Yes______* Date______________________________

   No ______ Date likely to be carried out (month & year)____________________
3. If plan has not been carried out, please indicate below: a) main factors interfering with plan, b) worker activities in past 3 months to accomplish plan, c) activities planned for next 3 months toward this end.

	a) Interfering factors	b) Worker activities past 3 months	c) Worker activities next 3 months
Re child			
Re parents			
Re external situation			

*Plan for "permanent foster care" is considered as carried out when there is a clear understanding with parents and foster caretakers, documented in the record, that child's present placement is permanent.

Plan for "adoption" is considered as carried out when child is placed in an adoptive home and parental rights have been terminated.

Reviewed by Supervisor: Name_____________________________ Date______________________

This table is take from Edmund Sherman et al., Children Adrift in Foster Care: A Study of Alternative Approaches. New York: Child Welfare League of America, 1974, p. 105.

The workers in the control group were unduly optimistic about the number of children projected for return to their parents compared to the experimental segments who monitored their placements.

In 1974 the New Jersey Division of Youth and Family Services (DYFS) implemented a Review of Children in Placement (RCP) system for periodic case review. The intent of the review process was to "provide administrators with information about the characteristics and needs of the foster care population in general,"1/ and to prevent unnecessary and inappropriate out-of-home placement of children. Like the previously mentioned CWLA study, workers were accountable for adequate case planning and case plan implementation.

The system is based on the 'centralized monitoring' model whereby,

> "... an internal agency review team surveys caseworkers on their foster children using a self-administered questionnaire; checks the responses for accuracy, consistency, and conformity to policy; and communicates further with workers and their supervisors on cases evidencing incomplete information or questionable planning."2/

The review form on the following page gives an example of the kind of information that may be collected during a case review.

The Division of Youth and Family Services, funded through a federal grant, conducted an evaluation of the effect of periodic case review on case outcomes for foster children. The study evaluated the implementation and effects of the agency's case audit and review system.3/ The stated objective of the research was to

> "... assess the impact of centrally coordinated, timely, and formalized case reviews on the length of placement careers and appropriateness of choices of type of placements for children in twenty-four hour out-of-home placements."4/

1/ Claburn and Magura, Foster Care Case Review in New Jersey, p. III-14.

2/ Ibid., p. 25.

3/ As part of the study, the researchers also evaluated the staff participation in the case review of children in placement and conducted an analysis of the financial costs of Review of Children in Placement. For a discussion of findings from these aspects of the study see W.E. Claburn and S. Magura" Foster Care Review in New Jersey.

4/ Proposal: Review Systems for Preventing Unnecessary Foster Care (Trenton, New Jersey: Division of Youth and Family Services of the State of New Jersey), p. 11.

DO# ☐☐

State of New Jersey
Division of Youth and Family Services

DYFS 17-15
(new 6/75)

REVIEW OF CHILDREN IN PLACEMENT

A. NAME__________________________ BIRTHDATE_______________ RACE W ☐ B ☐ H ☐ O ☐
Month/Day/Year

CASE NUMBER ☐☐☐☐☐☐☐

DATE PLACEMENT MADE_______________
Month/Day/Year

CURRENT VENDOR #______________ CURRENT PLACEMENT CODE____

TOTAL # OF PLACEMENTS__________ DATE OF FIRST PLACEMENT BY DYFS _______________
Month/Day/Year

DATE OF FIRST SEPARATION FROM PARENTS (IF DIFFERENT)____________ ☐ UNKNOWN
mo/day/yr.

B. DYFS LEGAL AUTHORITY TO PLACE CHILD
(Circle appropriate #)

1. Voluntary Agreement for Placement
2. Surrender of Custody
3. No Agreement--Para Foster Home
4. Final Guardianship
5. Interlocutory Guardianship
6. PRS Order of Custody
7. JINS
8. Other, e.g. ACI Custody, Order of Custody
9. No Authority

	Mother		Father		Other	
	Mo	Yr.	Mo	Yr.	Mo	Yr
Eff. Date						
Eff. Date						

Effective Date		Termination Date	
Mo.	Yr.	Mo.	Yr.

C. EXPLAIN THE REASON FOR PLACEMENT:

D. CASE GOAL (Circle One)

1. Return to own family
2. Adoption--Foster Parent
3. Adoption--Selected Parent
4. Independent Living (Only for child age 15 or over)
5. Long term foster care (Explain under "Comments")
6. Exceptional (Explain under "Comments")
7. Undecided (Explain under "Comments")

COMMENTS:

EXPECTED ACHIEVEMENT DATE	
MO.	YR.

E. NATURAL FAMILY ACTIVITY

	FAMILY-CHILD CONTACT			FAMILY-WORKER CONTACT		
	MOTHER	FATHER	RELATIVE	MOTHER	FATHER	RELATIVE
Date of last face-to-face contact						
Date of last "Other" contact (telephone, letter, etc.)						

F. DESCRIBE THE MAJOR BARRIERS TO GOAL ACHIEVEMENT:

Caseworker Signature______________________ Supervisor Signature______________________ Date______

The study found that without objective indicators,

> "...it is very difficult to obtain valid, independent assessments of case planning and case management using case review techniques."1/

To determine the effects of periodic case review on case planning or case outcomes for children, the researchers compared a cohort of children entering foster care in 1971, prior to the existence of RCP, with a cohort entering foster care during the period of RCP in 1974. The study examined the intake characteristics of children and their families, the type and extent of case planning, and the final (or interim) outcomes of agency intervention:

> No differences were found between the cohorts which could be attributed to RCP as of 18 months after case opening on such variables as: case status, number of residential moves, residential location, or extent of goal attainment. The frequency with which written goals appeared in case records and on RCP forms was about the same; however, goals as specified by workers in the case records were better predicators of outcomes than goals as entered on the RCP forms.2/

It was concluded from the New Jersey experience that the administrative case reviews did not provide true worker or agency accountability, and did not contribute to improved individual case outcomes. For further information on this study write:

New Jersey Department of Human Services
Division of Youth and Family Services
Bureau of Research
One South Montgomery Street
Trenton, New Jersey 08625

An increasing number of child welfare practitioners and administrators have implemented case review systems; this movement has been encouraged by the professional literature. Child Welfare League of America Standards for Foster Family Service indicate that administrative case reviews should be conducted every six months. At the time of this writing, legislation is pending in Congress that would require, among other things, that the case plans of each child receiving foster care have a judicial or administrative review at least once every six months.

HEW has drafted some proposed guidelines on how state agencies can use review systems without jeopardizing their receipt of federal funds under Title IV-A, IV-B and Title XX.

> The guidelines spell out items that should be considered by any state using a foster care review system with members from outside

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1/ Claburn and Magura, Foster Care Case Review in New Jersey, p. II-25.

2/ Ibid., p. 7.

the agency to keep within the state plan requirements of the Social Security Act.

These are:

1. The State's intention to use review boards must be described in the appropriate State plan. A State must amend its plan whenever necessary to reflect a material change in any State law, organization, policy, or State agency operation.

2. The agency must have the authority to determine the circumstances under which it will share information with the review boards, including

   (a) whether original records, excerpts, or summaries are used,
   (b) whether actual names and identifying information are used,
   (c) whether clients and other interested persons (foster parents, etc.) are invited to attend review board meetings.

3. The agency must have the authority to implement and enforce the provisions for safeguarding information about applicants and recipients.

4. The agency must require the members of review boards to adhere to the same standards of confidentiality as apply to the staff, and, insofar as appropriate, to be subject to the same sanctions for violation.

5. The agency must not allow review boards receiving case information in their capacity as advisory to the agency to redisclose the information to any other person or groups, including courts and other law enforcement agencies.

6. The agency must inform the child's biological family, including a child if appropriate, whenever their case is to be discussed by a review board which includes persons other than staff members of the agency.1/

1/ Case Record. Portland, Oregon: Regional Research Institute for Human Services, May 1979.

The proposed guidelines may be obtained by writing:

Department of HEW, Rm. 2118
Mary E. Switzer Memorial Building,
330 C Street, S. W.
Washington, D. C. 20201
(202) 245-8450

Court Reviews of Children in Foster Care

Although in some states case reviews are mandated by law, the case review should be a planned and integral component of the foster care system. New York was the first state to enact a law mandating an annual court review of the status of each child voluntarily placed in foster care 24 months. This law does not apply to children placed in foster care through a court order. The law "requires authorized agencies in the state that are charged with the care, custody or guardianship of children to petition the Family Court to review the foster care status of all children who have been in voluntary placement continuously for 24 months."[1] The Family Court reviews the written material submitted with the petition, the agencies' recommendation, and verbal reports at the hearing, and then makes a judicial determination as to whether remaining in foster care, being discharged to a parent, relative, or guardian or being legally freed for adoption is in the best interest of the child.

New York conducted a four year study to determine, among other things, the impact of court reviews on moving children out of foster care. The researchers were interested in whether or not the increasing steps taken by agencies toward obtaining surrender or toward legally freeing children were more prevalent in cases that were reviewed than in those not reviewed. The statistics showed that, "of 184 cases heard by the court, 76.1% were surrendered or freed, or steps had been taken in one of these directions. In contrast, this was true in 58.7% of 143 cases not reviewed by the court."[2] The study concluded that although agencies were increasingly working towards adoption, there were significantly more moves in the direction of adoption among cases reviewed by the court. A court review tended to expedite the development and implementation of plans; however, even with a court review, agencies were slow in freeing children. The findings of this study indicate that court review did not have an impact on the agencies' actions.[3]

States interested in ensuring that children in foster placements receive annual court reviews may be interested in the Concern for Children in Placement (CIP) Project. CIP is a case management system that can be used to assist courts and agencies to monitor the status of children in foster care. The system was developed by the National Council of Juvenile Court Judges in 1973. The case review system ensures a regular court review for each child in foster care who is under court jurisdiction.

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[1] Trudy Festinger, "The New York Court Review of Children in Foster Care," Child Welfare 54:4 (April 1975), p. 211.

[2] Ibid., p. 237.

[3] See: Trudy Festinger, "Impact of the New York Court Review of Children in Foster Care, A Follow-Up Report," Child Welfare 55:8 (September-October, 1976).

The goals of the CIP Project are to:

1. Establish a means by which the court, child welfare agencies, and citizens of the community can work together to better serve children in placement;
2. Ensure that each child has the right to a court hearing at least once a year during the period that the child remains within the court's jurisdiction;
3. Create public awareness of the nature of the problem and approaches to solving it.[1]

The effectiveness of a CIP program is dependent upon the commitment and involvement of court staff, social service agencies, volunteers and the community. The CIP process works in the following way. A local project coordinator is appointed who is responsible for recruiting volunteers who are trained to examine and review the case files of each child under court jurisdiction. A case review form is filled out which contains such vital information as:

- Who is the child?
- Why is the child in placement?
- How long has the child been in placement?
- What is the child's legal status?
- How frequently has the child been moved?
- How frequently has the child been in contact with biological parents?
- What is the status of the child's siblings?
- When was the child's case last reviewed by the court?
- Have parental rights been terminated? When?
- What are the child's vital statistics?
- What is the current treatment plan for the child?
- What is the average cost of keeping this child in placement?[2]

The project disseminates CIP training materials which can be obtained by writing:

Concern for Children in Placement Project
National Council of Juvenile Court Judges
Post Office Box 8978
Reno, Nevada 89507
(702) 784-4945

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[1] John P. Steketee, "The CIP Story," Juvenile Justice 28:2 (May 1977), p. 9-10.

[2] Ibid., p. 11.

EVALUATION: CONDUCT OF EVALUATION STUDIES

It is important that states evaluate the effectiveness of foster family services provided to clients. By conducting evaluation activities, states can assess how well foster care programs have been meeting their stated goals and objectives. A recent U.S. Children's Bureau study that surveyed child welfare services in 25 states found that although most states recognize the benefits and importance of evaluation of social service effectiveness, one-half of the states had no formalized service evaluation program. The study further found that technical and financial constraints prohibited states from establishing evaluation systems as a priority.

> Twelve of the survey states reported that they did not have a formal service effectiveness evaluation system, nine reported some form of evaluation, and two states reported that they have a formal statement of evaluation procedures. Thus, the survey appears to indicate that the service effectiveness evaluation is one of the weakest components of the child welfare service delivery systems among the states surveyed.1/

Evaluations of foster care programs, however, have been conducted by Arizona, California, Iowa, Massachusetts, Vermont and New York. A report on the major findings of the evaluation studies conducted by five of the states was compiled by Vasaly.2/

The five states used the following foster care goals to evaluate the effectiveness of their foster care programs:

1. To prevent separation of the child from his natural family by mustering all available resources to bolster family stability, enabling the family to provide a nurturing environment for all its members. The family should be strengthened with continuing services as needed.

2. If separation is necessary, a suitable living situation should be provided for the child while aiding the family to solve its problems so that the child can return home within the set time limits.

3. When the best interest of the child cannot be served by his return home, a permanent, nurturing environment should be provided through regular or subsidized adoption.

1/ Child Welfare in 25 States, p. II-126.

2/ Shirley Vasaly, Foster Care in Five States: A Synthesis and Analysis of Studies from Arizona, California, Iowa, Massachusetts, and Vermont (Washington, D.C.: Social Research Group, 1976).

4. Where adoption is not possible or not in the best interest of the child, the alternative should permit the fullest possible achievement of the child's potential through a stable, long-term placement which meets his special needs.[1]

In 1975, the Arizona Social Services Bureau (Office of Program Development and Evaluation, Department of Economic Security) conducted a statewide evaluation of the quality of its foster care program. The quality of the program was evaluated according to: (1) the extent to which policies and procedures set forth in the Departmental Manual were being followed, and (2) the extent to which "Standards for Foster Family Services" established by the American Public Welfare Association were being met.

"A random sample of children in foster care in each county was drawn from the 1,808 children in foster care in March, 1974, and 865 foster homes in use."[2] Case files of 462 foster children and 295 foster homes were reviewed by a study team to ascertain the following information:

- Preplacement services;
- Licensing and relicensing of foster homes;
- Worker contacts per six-month interval to natural parent, foster parent, and child;
- Reasons for placement in foster care;
- Number of foster home moves and reasons for the moves;
- Physical and mental evaluation and treatment;
- Plans for the children;
- Evaluation of foster family homes [3]

Upon completion of the evaluation, the following recommendations were made to correct the foster care programs deficiencies throughout the state:

1. Caseworker and supervisor training programs should be provided and required...

2. Work loads should be reduced to conform with Children's Bureau and APWA standards for caseworkers and supervisors.

3. Foster parents should be trained for their role and given information on the child's needs, agency procedures and support services available.

4. Licensing procedures should be thorough enough to ensure the agency, the child, and the foster family that the home is capable of providing care required for the child.

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[1] Shirley Vasaly, Foster Care in Five States, pp. 10-11.

[2] Foster Care Evaluation Program (Phoenix, Arizona: Social Services Bureau, Program Development and Evaluation, Arizona Department of Economic Security, 1974), p. 1.

[3] Shirley Vasaly, Foster Care in Five States, p. 128.

5. Adequate number and variety of foster homes must be developed to provide for children with special needs.

6. Licensing records must include full information needed for proper matching of child to home.

7. Physical, intellectual, and emotional needs of the children must be properly assessed and treated. A system of service purchase and follow-up should be instituted to insure this assessment and treatment.

8. Contacts with natural parents should be intensified and documented to facilitate long range planning for each child.

9. Efforts to locate parents whose whereabouts are known should be intensified for purposes of planning and financial support.[1]

For more information on this evaluation study entitled, Foster Care Evaluation Program, write:

Social Services Bureau
Program Development and Evaluation
Arizona Department of Economic Security
1717 West Jefferson
Post Office Box 6123
Phoenix, Arizona 85005

California conducted a similar evaluation study on the effectiveness of its foster care program in 1972. "A random sample of 533 foster children was drawn from the total statewide caseload of 33,500."[2] The sample, drawn from seven counties that served 70% of the state's foster care caseload, was reviewed with agency directors and caseworkers. The evaluation study also used questionnaires to examine the attitudes and experiences of foster parents, and the extent of community awareness of the foster care program.

Information was gathered pertaining to:

- natural families of the children;
- foster families;
- costs of the program;
- contact between natural parent(s) and child in foster care;
- contact between natural parent(s) and agency worker;
- contact between worker and foster family and/or child;

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[1] Shirley Vasaly, Foster Care in Five States, pp. 129-130.
[2] Ibid., p. 6.

- health status of foster children
- reasons for placement in foster care
- type of placement 1/

Thirty-four recommendations for improvement of the foster care program resulted from the evaluation. The recommendations for program improvement focused on the following areas:

- o Measures designed to prevent family break-up and entry of a child into foster care;
- o Measures to ensure effective planning and follow-up in the best interest of the child;
- o Measures to improve foster homes; and
- o Measures for improved coordination of services.

The methodology used and the findings from the evaluation of the effectiveness of California's foster care program are presented in a 1972 report entitled, Children Waiting. For further information contact:

State of California Health and Welfare
  Agency
Department of Social Welfare
744 P Street
Sacramento, California 95814

In 1971, Massachusetts undertook a study to identify the characteristics and problems of children served by its foster care system. "Data were collected on 5,862 (99%) of the 5,933 children in foster home care in Massachusetts as of November, 1971."2/ In addition, a random sample of natural parents were interviewed to obtain data on the parents' family backgrounds. The foster parents were also interviewed to obtain similar data. Additional statistical data and information on policies and procedures were provided by the child caring agencies. The following were among the major findings of the study:

- o More older children were in foster care than formerly.
- o More disturbed children were being placed in foster family homes rather than institutions.
- o Although foster care was intended to be a temporary solution to a family crisis, more often than not it became a permanent program for the child.
- o Many placements could have been avoided.

1/ Shirley Vasaly, Foster Care in Five States, pp. 133-134.
2/ Ibid., p. 7.

- o Many children should have been freed for adoption.
- o Many children in the foster care program did not receive adequate diagnostic and/or treatment services.
- o Children's records were inadequate and incomplete.1/

Several recommendations for improving the foster care delivery system were made as a result of this study. A report on this study, Foster Home Care in Massachusetts is available from:

Commonwealth of Massachusetts
Governor's Commission on
Adoption and Foster Care
100 Cambridge Street
Boston, Massachusetts 02202

In 1973, a similar study of the quality and effectiveness of foster family care for children in Vermont was conducted by the Vermont Agency of Human Services. The study plan for the evaluation was formulated after interviewing professionals involved with the placement, planning and care of children, and after reviewing records and reports. A detailed questionnaire was used to collect data on a large sample of the children in care. In addition, the children's case records were reviewed by a study team and agency workers. Service providers were interviewed, their services documented and achievements assessed.

The study found that the inefficiency of the services provided to foster children in Vermont was affected by several major problems.

- o Basic goals and purposes of care are not clearly defined...
- o Authority for developing effective systems of care and responsibility are frequently overlapped and diffused...
- o A major weakness of the system is the lack of long range planning for needed resources and facilities...
- o Community resources which could prevent separation of a child from his natural family, facilities for children with special physical and emotional problems, and alternatives to intsitutional care are in short supply
- o Diagnosis of child's problems and plans for treatment are inadequate...
- o Persons responsible for care are not held accountable.

1/ Shirley Vasaly, Foster Care in Five States, pp. 141-142.

7. Professional skills needed to attain higher standards of care and treatment are lacking...

8. Staff skills available are not efficiently utilized.

9. There is no thorough system of follow-up evaluation or review of case plans and treatment.1/

For further information on this evaluation study entitled, Vermont Committed Children Study contact:

Vermont Agency of Human Services
128 State Street
Montpelier, Vermont 05602

In 1976, the Research Center of the Child Welfare League of America, Inc., carried out an evaluation of the New York State Preventive Services Project.2/ The evaluation was supported through funds from the New York State Department of Social Services. The New York State Preventive Services Project is a demonstration project established by the Legislature of the State of New York in 1973. The projects were carried out in the three local social service districts and nine separate agencies.

The aim of the project was to provide intensive supportive services to an experimental group of 389 families at risk, in an effort to avert placement of the child; and when foster placement was necessary, to offer appropriate services to parents to help them resume care of the child. One third of the cases, (176 families), selected by the units as suitable for the project were assigned to a control group and did not receive intensive supportive services. The researchers then attempted to determine "whether favorable outcomes can be ascribed to the services provided rather than to case selection, change factors, or the passage of time."3/

An analysis of factors associated with outcome was conducted by the Child Welfare League of America. The evaluation sought to determine the effect of special services on the placement experience of the children being studied. The following outcome indicators were computed for each family:

- The placement ratio, which was the proportion of days that study children spent in foster care while they were part of the project;
- The extent to which goals were achieved;
- A client status index.

1/ Vasaly, Foster Care in Five States, pp. 145-147.

2/ Mary Ann Jones et al., A Second Chance for Families: Evaluation of Program to Reduce Foster Care (New York: Research Center, Child Welfare League of America, 1976.

3/ Jones et al., A Second Chance for Families, p. 18.

Thirty independent variables were selected for examination. "These fell into three groups: 10 Background Factors, which included demographic and social characteristics of the families; 12 factors descriptive of the Problem Situation at the time of assignment to the project; and 8 Service Factors."[1]

Twenty-five of the thirty factors examined were significantly correlated with at least one of the three outcome measures. The only item of the 30 factors to have a significant correlation in the same direction with all 3 outcome measures was the worker-client relationship. It was found that "no single item was of great value in predicting what kind of case with what kind and amount of service would do particularly well. Clear too are the interrelations of many of the independent variables (for example) age of mother and number of children, number of interviews and worker-client relationship."[2]

The outcome evaluation found that "the intensive service provided to cases in the experimental group was effective in reducing the number of children placed and the duration of placement without detriment to the wel-being of the children and their families."[3] A detailed discussion of the statistical analysis used in this study can be found in the study report, A Second Chance for Families.

Evaluation: Utilization of Results

The knowledge obtained or confirmed through foster family care program evaluations should be used to improve the delivery of services. This means that program staff, program administrators and legislators must be given substantive feedback regarding program deficiencies. The findings can then be used to make decisions about needed program changes. See the Management Resource section of this manual for a detailed discussion of utilization of evaluation results.

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[1] Jones et al., A Second Chance for Families, p. 108.
[2] Ibid., p. 110.
[3] Ibid., p. 79.

CONCLUSIONS

Inevitably, some children will need foster family care. For this reason, the state agency should aim to provide the most appropriate and effective services possible, so that temporary placements do not develop into unplanned permanent arrangements.

To ensure the provision of quality care, states can employ the program management activities necessary to effectively plan, develop resources for, implement, monitor, and evaluate foster famiy care services. Studies by the Children's Bureau have found that more effort needs to be expended in the following areas:

- Identification of the type and quantity of foster family care needs;
- Development of foster care program goals;
- Projections of future foster family care resource requirements;
- Inter-agency and Intra-agency coordination of service delivery;
- Assessment of recruitment techniques;
- Enforcement of foster family care licensing standards;
- Provision of staff development and specialized training for placement workers and foster families;
- Implementation of permanency planning for all children in foster care;
- Monitoring of service provision; and
- Conducting evaluation studies.

This section has presented research findings, resources, techniques and materials that have been used by various states to accomplish these tasks. As states prioritize areas in which they intend to improve their management of foster family care programs, these materials may assist them in effecting program improvements.

Foster Family Care

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STATE CHILD WELFARE PROGRAM
SELF-ASSESSMENT MANUAL

VI. RESIDENTIAL/GROUP CARE

CHECKLIST

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
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VI. RESIDENTIAL/GROUP CARE
Checklist

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INTRODUCTION

The State Child Welfare Program Self-Assessment Manual contains seven major sections. The first section (I) provides an introduction to the Manual, its conceptual framework, contents and use. The second section (II) addresses five management functions: Planning, Resource Development, Implementation, Monitoring, and Evaluation (which we have termed the PRIME system). The next five sections (III - VII) cover five child welfare program areas: Preventive Services, Protective Services, Foster Family Care, Residential/Group Care, and Adoption. The child welfare programs are organized within the context of the five management functions (PRIME).

The first part of the management section (Section II) and of the five child welfare program sections (Sections III - VII) consists of a self-assessment checklist. Accompanying each checklist are resource sections that highlight relevant research findings and provide a bibliography.

Definition of Residential/Group Care

Residential/Group Care is defined as services provided in behalf of children in the structured treatment environment of a residential center or agency administered group home. The purpose of this program is to provide services and resources which help meet a child's developmental needs and unique physical, mental or emotional problems. Children placed in residential/group care facilities have special needs or psycho-social deficits that cannot be met in a family setting.

Definitions of Management Functions

Planning is the process of developing future directions for programs and services based on analysis of past and present conditions. Topics included in this management function are the systematic assessment of need for services; the development of clear and measurable goals and objectives for child welfare programs, and the projection of resource requirements necessary for achieving program goals.

Resource Development includes those activities necessary to the development of personnel, facilities and funding to support the delivery of services as planned. Topics discussed include coordination of services, allocation of available resources through purchase of service and recruitment, financial administration and public information activities.

Implementation refers to those activities through which the state agency provides management assistance to enable local social service agencies/offices to provide services. Topics included in this function are development and dissemination of standards, guidelines and licensing requirements, personnel administration, and staff development and training.

Monitoring refers to those activities by which the state administrator determines whether what is supposed to occur does in fact occur. Included in this function are collecting data, monitoring the provision of services, licensing activities, and using monitoring findings.

Evaluation refers to the methods, procedures, and processes used by the state agency to determine the effectiveness and efficiency of child welfare programs and services. Effectiveness is measured by determining the extent to which the program and service are meeting the objectives; efficiency is measured by the costs of achieving objectives relative to the resources expended. The purpose of evaluation is to provide objective information and analyses to help administrators and others improve their ability to make program management decisions. Topics covered in this section include organization of evaluation activities, conduct of evaluation, and utilization of evaluation findings.

Instructions for Completing the Checklist

This checklist includes a set of goals, criterion questions, and scoring materials. The validity of the self-assessment depends on frank and accurate responses. In answering the questions, draw upon your professional judgment, relevant agency data, records and reports. The term "you" in certain criterion questions is equivalent to state agency responsibility (e.g., "Do you provide supporting documentation of need in making budget requests?"). "State agency" is used in a generic sense to refer to the central division and/or department at the state or county level that is responsible for child welfare services.

The Residential/Group Care Checklist should be completed by the individual who has responsibility for administering and/or purchasing residential/group care services. This may be the Residential/Group Care Specialist or Institutional Care Specialist.

To obtain the self-assessment scores for this checklist, please follow the instructions below:

1. Read the goals and accompanying criterion questions.
2. Answer each criterion question by checking (✓) "YES" or "NO".
3. Some criterion questions request specific data. For these "If yes, ...? _____" questions, retrieve and enter the data.
4. Compute the Goal Achievement Score on page VI-17 to obtain the state's score for the first function, (Planning).
5. Repeat steps 1-4 for each of the remaining four management functions (Resource Development, Implementation, Monitoring and Evaluation) covered in the checklist.
6. Instructions are given on page VI-43 for obtaining the state's program management score and the visual profile depicting the scores for the five management functions.
7. Return the Goal Achievement Program Summary to your child welfare program administrator or other individual responsible for coordinating the self-assessment process.

RESIDENTIAL/GROUP CARE GOALS

This section includes fourteen (14) goals related to the management of residential/group care service programs. Each goal covers one of five management functions: Planning, Resource Development, Implementation, Monitoring and Evaluation.

Planning (P) Goals

VI-P-1 The state agency ensures that the need for residential/group care services is assessed on a planned, periodic basis.

VI-P-2 The state agency develops goals and objectives for residential/group care services.

VI-P-3 The state agency develops a plan for residential/group care services that projects future resource requirements to meet established goals.

Resource Development (R) Goals

VI-R-1 The state agency makes provisions to ensure the coordination of residential group care services with other agencies and programs that serve children and their families.

VI-R-2 The state agency assists local agencies/offices to acquire sufficient residential/group care facilities and resources to meet the determined need.

VI-R-3 The state agency informs the public of the residential/group care needs of children and their families and the availability of services.

Implementation (I) Goals

VI-I-1 The state agency develops and disseminates standards, guidelines and licensing requirements for residential/group care services.

VI-I-2 The state agency provides staff development and training to local agencies/offices providing and/or using residential/group care services.

Monitoring (M) Goals

VI-M-1 The state agency collects data necessary to carry out residential/group care monitoring activities.

VI-M-2 The state agency monitors the provision of residential/group care services.

VI-M-3 The state agency uses monitoring findings to help agencies correct deficiencies and improve residential/group care services.

VI-M-4 The state agency monitors purchase of service contract administration and determines compliance with licensing requirements.

Evaluation (E) Goals

VI-E-1 The state agency evaluates the effectiveness and efficiency of residential/group care services.

VI-E-2 The state agency promotes the use of evaluation results.

VI. RESIDENTIAL/GROUP CARE

Planning - Needs Assessment

Goal VI-P-1: The state agency ensures that the need for residential/group care services is assessed on a planned, periodic basis.

Criterion Questions:

1. Is there a written procedure for conducting assessments of need for residential/group care (R/GC) services?
   ____ YES ____ NO

2. Is there a unit or individual that conducts needs assessment studies for R/GC?
   ____ YES ____ NO

3. Do you use more than one methodology in conducting needs assessment studies (e.g., citizen survey, key informant, client services data, secondary sources)?
   ____ YES ____ NO

4. Do you conduct these studies on a planned, periodic basis?
   ____ YES ____ NO

   If yes, how often? ______________

5. Have you defined the information needed in order to plan for residential group care services?
   ____ YES ____ NO

6. Does this information include the following (for the state or region):

   a. The number of children placed in R/GC in the past year?
      ____ YES ____ NO

      If yes, what is the number? ______

   b. The total number of children in R/GC in the state?
      ____ YES ____ NO

      If yes, what is the number? ______

   c. The total number of children in R/GC from out-of-state?
      ____ YES ____ NO

      If yes, what is the number? ______

   d. The total number of children placed in R/GC out-of-state?
      ____ YES ____ NO

      If yes, what is the number? ______

Criterion Questions: (Cont'd)

e. Presenting problem which led to placement?

_____ YES _____ NO

f. Services received while in R/GC?

_____ YES _____ NO

g. Number of children in large agency administered group home settings (as defined by the state)?

_____ YES _____ NO

If yes, what is the number? _______

h. Number of children in small agency administered group home care (as defined by the state)?

_____ YES _____ NO

If yes, what is the number? _______

7. Does your needs assessment process include a method for obtaining input from relevant community groups (e.g., consumers of service, local service providers and child advocacy groups)?

_____ YES _____ NO

8. When possible, do you coordinate your studies with those conducted by other state agencies or organizations?

_____ YES _____ NO

9. Do you analyze the needs assessment data you collect to :

a. Identify the unmet need for residential group care services?

_____ YES _____ NO

b. Determine the potential of existing resources to meet the need for services?

_____ YES _____ NO

VI. RESIDENTIAL/GROUP CARE

Planning - Goal Setting

Goal VI-P-2: The state agency develops goals and objectives for residential/group care services?

Criterion Questions:

1. Do you have a formal procedure for setting statewide goals and objectives for R/GC services?
   ____ YES ____ NO

   If yes, how often is this done? ________

2. Have you established, at a minimum, the following goals or objectives for children placed in R/GC:

   a. There is a service plan for each child who is placed, including a set of treatment goals?
      ____ YES ____ NO

   b. The service plan includes a clear plan for working with the child's parents?
      ____ YES ____ NO

   c. No child shall be placed unnecessarily in R/GC?
      ____ YES ____ NO

   d. No child shall be placed in an inappropriate (to his/her needs) R/GC setting?
      ____ YES ____ NO

   e. Children are discharged when the reason for placement has been corrected?
      ____ YES ____ NO

3. Are state R/GC placement specialists involved in setting R/GC goals and objectives?
   ____ YES ____ NO

4. Do you regularly obtain input from line R/GC staff in formulating program goals and objectives?
   ____ YES ____ NO

5. Are all the R/GC goals and objectives consistent with:

   a. Child Welfare League of America Standards?
      ____ YES ____ NO

   b. American Public Welfare Association Standards?
      ____ YES ____ NO

   c. Accepted professional practice?
      ____ YES ____ NO

VI. RESIDENTIAL/GROUP CARE

Planning - Goal Setting

Criterion Questions: (Cont'd)

6. Do you use needs assessment findings in developing goals and objectives?

____ YES ____ NO

7. Do goal statements include a time schedule for goal achievement?

____ YES ____ NO

8. Are goals realistic and achievable as stated?

____ YES ____ NO

9. Do you use indicators to determine the extent to which goals have been achieved?

____ YES ____ NO

10. Do you have a formal method for prioritizing RG/C goals?

____ YES ____ NO

11. Do you review goals and objectives on a periodic basis to determine whether they are still applicable?

____ YES ____ NO

VI. RESIDENTIAL/GROUP CARE

Planning - Projecting Resource Needs

Goal VI-P-3: The state agency develops a plan for residential/group care services that projects future resource requirements to meet established goals.

Criterion Questions:

1. Do you have a plan that projects R/GC resource requirements (e.g., personnel, facilities and equipment, funding) on an annual or biennial basis?

   ____ YES ____ NO

2. Do you use needs assessment data in projecting future resource requirements?

   ____ YES ____ NO

3. Do you obtain projections of future need for R/GC placement resources from other state agencies?

   ____ YES ____ NO

4. Does your plan include resource projections to meet the service needs of the following groups:

   a. Urban populations?

      ____ YES ____ NO

   b. Rural populations?

      ____ YES ____ NO

   c. Minority families (Blacks, Native Americans, Hispanics, Asians)?

      ____ YES ____ NO

   d. Migrant families?

      ____ YES ____ NO

   e. Military families?

      ____ YES ____ NO

   f. Handicapped children and their families (e.g., mentally retarded, physically handicapped, emotionally disturbed)?

      ____ YES ____ NO

   g. Other groups of needs children and their families (e.g., status offenders, pregnant teenagers, single parents, runaways, adjudicated delinquents)?

      ____ YES ____ NO

VI. RESIDENTIAL/GROUP CARE

Planning - Projecting Resource Needs

Criterion Questions: (Cont'd)

5. Have you analyzed the policy implications of your R/GC services plan in regard to:

   a. Availability of qualified personnel?

   ___ YES ___ NO

   b. Possible statutory constraints?

   ___ YES ___ NO

   c. Political constraints?

   ___ YES ___ NO

   d. Community values and norms?

   ___ YES ___ NO

   e. Financial constraints?

   ___ YES ___ NO

6. If needs assessment data indicate that R/GC service needs are not fully met, does your plan include ways to correct the deficiency?

   ___ YES ___ NO

7. Do you use the findings of evaluation studies in developing your plan for R/GC services?

   ___ YES ___ NO

Goal Achievement Score: Planning function of the RESIDENTIAL/GROUP CARE Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
VI-P-1	________	divided by 17 =	________
VI-P-2	________	divided by 17 =	________
VI-P-3	________	divided by 17 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = $\boxed{\quad\quad \%}$

(Your state's Goal Achievement Score

on the Planning function of the

RESIDENTIAL/GROUP CARE Program)

VI. RESIDENTIAL/GROUP CARE

Resource Development - Through Coordination of Services

Goal VI-R-1: The state agency makes provisions to ensure the coordination of residential group care services with other agencies and programs that serve children and their families.

Criterion Questions:

1. Do you have a person, unit or group responsible for coordination of all residential group care services? ___ YES ___ NO

2. Do you provide for exchange of information among agencies providing child welfare services and those providing other social services (Medicaid, food stamps, AFDC, etc.)? ___ YES ___ NO

3. Have you developed policies and procedures for sharing information, where legally possible, on individual clients and families among referring agencies? ___ YES ___ NO

4. Do you have an advisory committee that assists the state in coordinating the provision of child welfare services? ___ YES ___ NO

5. Does this committee include representatives from the following groups:
   a. Private organizations? ___ YES ___ NO
   b. Volunteer groups? ___ YES ___ NO
   c. Professional associations? ___ YES ___ NO
   d. Citizens and consumer groups? ___ YES ___ NO

6. Do you have written agreements regarding service responsibilities with each state agency that serves children and their families (e.g., mental health, public health, juvenile justice, voluntary sector)? ___ YES ___ NO

Criterion Questions: (cont'd)

7. Do inter-agency cooperative agreements include provision for:

    a. Annual review of agreements? ____ YES ____ NO

    b. Joint funding of projects, where applicable? ____ YES ____ NO

    c. Joint staff development, where appropriate? ____ YES ____ NO

8. Do you provide written guidelines to all local agencies/offices on the use of inter-agency agreements? ____ YES ____ NO

9. Do you have a mechanism to determine whether guidelines are followed by local agencies/offices? ____ YES ____ NO

10. Do you maintain a statewide directory of all child care institutions in your state? ____ YES ____ NO

    If yes, how often is the directory updated?

    ____

11. Do you disseminate this directory throughout the state? ____ YES ____ NO

12. Do you provide assistance to local agencies/offices in developing a local directory of services and resources? ____ YES ____ NO

13. Do you request regular feedback from local agencies/offices regarding the usefulness of these directories? ____ YES ____ NO

VI. RESIDENTIAL/GROUP CARE

Resource Development - Through Purchase and Recruitment

Goal VI-R-2: The state agency assists local agencies/offices to acquire sufficient residential group care facilities and resources to meet the determined need.

Criterion Questions:

PURCHASE OF SERVICES

1. Is there one person or unit at the state office who is responsible for providing technical assistance to local agencies/offices regarding purchase of R/GC services?

   ___ YES ___ NO

2. Have you developed criteria for deciding which R/GC services will be provided directly and which services will be purchased?

   ___ YES ___ NO

3. In making a decision to purchase services, are the following variables considered:

   a. Reasonable cost?
   ___ YES ___ NO

   b. Demonstrated capability and experience?
   ___ YES ___ NO

   c. Sound financial management?
   ___ YES ___ NO

   d. Quality of service?
   ___ YES ___ NO

4. Do you use a competitive bidding process, if appropriate, for deciding from which providers services will be purchased?

   ___ YES ___ NO

5. Does your reimbursement procedure for purchased services include definitions of:

   a. Units of service?
   ___ YES ___ NO

   b. Unit costs for each service?
   ___ YES ___ NO

   c. Acceptable quality of services?
   ___ YES ___ NO

VI. RESIDENTIAL/GROUP CARE

Resource Development - Through Purchase and Recruitment

Criterion Questions: (cont'd)

RECRUITMENT

6. Do you assist local agencies/offices to develop group homes and other community based treatment centers? ____ YES ____ NO

7. Do you recruit or assist in the recruitment of the following professional specialists to provide services to child welfare clients (on a fee basis, if necessary):

   a. Physicians (including psychiatrists)? ____ YES ____ NO

   b. Psychologists? ____ YES ____ NO

   c. Dentists? ____ YES ____ NO

   d. Attorneys? ____ YES ____ NO

   e. Educational Specialists? ____ YES ____ NO

   f. Family Therapists? ____ YES ____ NO

8. Do you provide local agencies/offices with promotional materials to assist them in recruiting needed resources? ____ YES ____ NO

9. Do you collaborate with child and family advocacy groups in your state? ____ YES ____ NO

10. Do you encourage local agencies/offices to use volunteers (e.g., lay therapists)? ____ YES ____ NO

11. Do you assess the effectiveness of local agencies'/offices' recruitment efforts? ____ S ____ NO

VI. RESIDENTIAL/GROUP CARE

Resource Development - Through Public Information

Goal VI-R-3: The state agency informs the public of the residential group care needs of children and their families and the availability of services.

Criterion Questions:

1. Do you have an individual or unit responsible for informing the public regarding R/GC services?

   ____ YES ____ NO

2. Do you meet regularly with the following groups to inform them of the R/GC needs of children and their families and the services available:

   a. Legislators and legislative committees?

   ____ YES ____ NO

   b. Community groups?

   ____ YES ____ NO

   c. Child and family advocacy groups?

   ____ YES ____ NO

   d. Professional organizations interested in the welfare of children in your state?

   ____ YES ____ NO

   e. Service provider groups?

   ____ YES ____ NO

3. Do you respond promptly to requests for information from the public (e.g., legislators and the media)?

   ____ YES ____ NO

4. Do you utilize the following methods to provide information to the public:

   a. Television and radio spots?

   ____ YES ____ NO

   b. Newspapers?

   ____ YES ____ NO

   c. Pamphlets and brochures?

   ____ YES ____ NO

   d. Films and slides?

   ____ YES ____ NO

   e. Billboards and Posters?

   ____ YES ____ NO

   f. Presentations by staff and volunteers?

   ____ YES ____ NO

Goal Achievement Score: Resource Development function of the RESIDENTIAL/GROUP CARE Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
VI-R-1	________	divided by 18 =	________
VI-R-2	________	divided by 21 =	________
VI-R-3	________	divided by 13 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = $\boxed{\qquad \%}$

(Your state's Goal Achievement Score

on the Resource Development function of

the RESIDENTIAL/GROUP CARE Program)

VI. RESIDENTIAL/GROUP CARE

Implementation - Standards

Goal VI-I-1: The state agency develops and disseminates standards, guidelines and licensing requirements for residential/group care services.

Criterion Questions:

1. Do you have standards, guidelines and licensing requirements for R/GC services? ___ YES ___ NO

2. Do you regularly review standards, guidelines and licensing requirements to ensure that they are consonant with the following:

   a. Federal and state legislation regarding these services? ___ YES ___ NO

   b. Community norms and values? ___ YES ___ NO

   c. Practice guidelines established by professional organiations? ___ YES ___ NO

3. Are the following services available to all R/GC clients (children and their parents):

   a. Pre-placement casework counseling? ___ YES ___ NO

   b. Pre-placement visits? ___ YES ___ NO

   c. On-going casework counseling services during placement? ___ YES ___ NO

   d. Post-placement casework counseling? ___ YES ___ NO

   e. Transportation? ___ YES ___ NO

   f. Legal services? ___ YES ___ NO

4. Is your state a signatory of the Interstate Compact on the Placement of Children? ___ YES ___ NO

5. Do you ensure that children placed out of state are always placed according to the terms of the Interstate Compact (or similar provisions)? ___ YES ___ NO

Criterion Questions: (cont'd)

6. Where applicable, do licensing requirements reference the legislation on which they are based?

   ___ YES ___ NO

7. Do you advocate for or against state bills, based on your review of pending child welfare legislation?

   ___ YES ___ NO

8. Are R/GC licensing study reports available to staff who place children?

   ___ YES ___ NO

VI. RESIDENTIAL/GROUP CARE

Implementation - Staff Development

oal VI-I-2: The state agency provides staff development and training to local agencies/offices providing residential/group care services.

riterion Questions:

1. Do you have a method of identifying the staff development and training needs of local agencies/offices? ____ YES ____ NO

2. Is there a person or unit responsible for coordinating and providing staff development and training in areas of identified need? ____ YES ____ NO

3. Do you inform every local agency/office of the person at the state level who is responsible for providing information on staff development and training activities? ____ YES ____ NO

4. Do you use federal matching funds for training your own RG/C staff and those for whom you purchase services? ____ YES ____ NO

5. Do you provide specialized training programs for R/GC services staff in the following areas:

   a. Making diagnostic assessments of children referred for R/GC? ____ YES ____ NO

   b. Making appropriate placement decisions? ____ YES ____ NO

   c. Working with the R/GC institution, the child, and family while child is in placement? ____ YES ____ NO

   d. Making discharge plans and providing follow-up services to children and their families? ____ YES ____ NO

6. Are staff development opportunities available for personnel in agencies from whom you purchase care? ____ YES ____ NO

7. Do you assist colleges and universities in developing coursework relevant to R/GC services? ____ YES ____ NO

VI. RESIDENTIAL/GROUP CARE

Implementation - Staff Development

Criterion Questions: (cont'd)

8. Do you provide funds for:

   a. Placement staff to attend university workshops, seminars and courses? ____ YES ____ NO

   b. Educational leave for graduate training? ____ YES ____ NO

   c. Participation in professional conferences and meetings? ____ YES ____ NO

9. Do you work with local staff:

   a. To set training priorities? ____ YES ____ NO

   b. To design in-service training programs? ____ YES ____ NO

   c. To disseminate new training materials for R/GC services staff? ____ YES ____ NO

10. Do you require all placement staff to participate in at least one in-service training program each year? ____ YES ____ NO

11. Do you assess your staff development and training programs in the following ways:

    a. Number of training progams offered? ____ YES ____ NO

    b. Number of staff attending? ____ YES ____ NO

    c. Systematic feedback regarding satisfaction with the programs? ____ YES ____ NO

Goal Achievement Score: Implementation function of the RESIDENTIAL/GROUP CARE Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
VI-I-1	________	divided by 15 =	________
VI-I-2	________	divided by 20 =	________
		Total =	________

Total multiplied by $\frac{100}{2}$ = $\boxed{\qquad \%}$

(Your state's Goal Achievement Score

on the Implementation function of the

RESIDENTIAL/GROUP CARE Program)

VI. RESIDENTIAL/GROUP CARE

Monitoring - Data Collection

Goal VI-M-1: The state agency collects data necessary to carry out residential/group care monitoring activities.

Criterion Questions:

1. Do you have resources to collect the data to meet your agency monitoring objectives, including:
   a. Management information system? ____ YES ____ NO
   b. Data processing capability? ____ YES ____ NO
   c. Clerical and support staff? ____ YES ____ NO
   d. Analytic staff? ____ YES ____ NO
   e. Staff to conduct site visits? ____ YES ____ NO
2. Is there one individual or unit that is responsible for collecting monitoring data on RG/C activities? ____ YES ____ NO
3. Are local staff involved in:
   a. Decisions regarding which data are to be collected? ____ YES ____ NO
   b. Decisions regarding frequency of reporting? ____ YES ____ NO
   c. Establishment of procedures for collecting data? ____ YES ____ NO
   d. Development of data reporting forms? ____ YES ____ NO
4. Do you use all data that are collected? ____ YES ____ NO
5. Do you consolidate reporting requirements to eliminate duplication? ____ YES ____ NO

VI. RESIDENTIAL/GROUP CARE

Monitoring - Data Collection

Criterion Questions: (cont'd)

6. Are reporting forms for placement staff and institutional child care staff regularly reviewed to:

   a. Update data requirements? ____ YES ____ NO

   b. Delete obsolete items? ____ YES ____ NO

7. Do you always inform local staff of the reasons for changes in reporting requirements? ____ YES ____ NO

8. Do you make periodic site visits to:

   a. Review a sample of case records? ____ YES ____ NO

   b. Observe the accuracy data collection procedures? ____ YES ____ NO

9. Do you give local agencies/offices summaries of relevant data they have reported? ____ YES ____ NO

   If yes, how often? ____________

10. Do you collect at a minimum the following data on RG/C programs:

    a. Number of children receiving RG/C services? ____ YES ____ NO

    b. Number of children for whom RG/C is the case goal? ____ YES ____ NO

    c. Demographic characteristics of the above clients? ____ YES ____ NO

    d. Number of children placed in residential group care in the past year? ____ YES ____ NO

VI. RESIDENTIAL/GROUP CARE

Monitoring - Service Provision

Goal VII-M-2: The state agency monitors the provision of residential/group care services.

Criterion Questions:

1. Is there an individual or unit responsible for:
   - a. Conducting monitoring activities? ____ YES ____ NO
   - b. Analyzing the data on services provided? ____ YES ____ NO
2. Do you use objective measures to identify deficiencies in:
   - a. Program management in RG/C facilities? ____ YES ____ NO
   - b. Services provided? ____ YES ____ NO
3. Do you periodically review a random sample of local agency case records? ____ YES ____ NO
4. Do your monitoring activities enable you to identify:
   - a. An unduplicated count of children receiving RG/C services at any given time? ____ YES ____ NO
   - b. The number of children receiving each type of RG/C service? ____ YES ____ NO
   - c. Average length of care by service (e.g., institution, group home)? ____ YES ____ NO
   - d. Whether every child and family has a written case plan? ____ YES ____ NO
   - e. The frequency of child/parent contacts? ____ YES ____ NO
   - f. Whether case plans are reviewed at least once every six months? ____ YES ____ NO
5. Do you provide assistance to local agencies in monitoring:
   - a. Purchase of service contracts? ____ YES ____ NO
   - b. Licensed facilities to ensure compliance? ____ YES ____ NO

Criterion Questions: (cont'd)

6. Do you have procedures for determining if institutional abuse of children has occurred?

   ___ YES ___ NO

7. Are reports of substantiated cases of abuse of children in RG/C available to:

   a. Local placement staff? ___ YES ___ NO

   b. Licensing staff? ___ YES ___ NO

VI. RESIDENTIAL/GROUP CARE

Monitoring - Utilization of Findings

Goal VI-M-3: The state agency uses monitoring findings to help agencies correct deficiencies and improve residential/group care services.

Criterion Questions:

1. Do you give local agencies/offices summaries of relevant data they have reported?

   ______ YES ______ NO

2. Do you inform local agencies/offices in writing of the positive and negative findings of your monitoring activities?

   ______ YES ______ NO

3. Do you determine the reasons for agency deficiencies?

   ______ YES ______ NO

4. Is there a formal procedure for agencies to follow in responding to a report of negative findings?

   ______ YES ______ NO

5. Do you offer recommendations to help provider agencies correct deficiencies and improve services?

   ______ YES ______ NO

6. Do you provide technical assistance and consultation to enable provider agencies to correct deficiencies and improve services?

   ______ YES ______ NO

VI. RESIDENTIAL/GROUP CARE

Monitoring - Purchase of Service and Licensing

Goal VI-M-4: The state agency monitors purchase of service contract administration and determines compliance with licensing requirements.

Criterion Questions:

PURCHASE OF SERVICE

1. Is there one individual or unit responsible for monitoring purchase of service contracts? ____ YES ____ NO

2. Do contracts specify the requirements for accountability of both the purchaser and provider of services? ____ YES ____ NO

3. Do contract monitoring procedures include:

   a. Monthly progress reports to agency caseworker? ____ YES ____ NO

   b. Periodic on-site monitoring of services provided? ____ YES ____ NO

   c. Statement of corrective action to be taken in cases of non-compliance? ____ YES ____ NO

4. Does the state agency reserve the right to audit the accounts of R/GC agencies from which it purchases services? ____ YES ____ NO

LICENSING

5. Is there one individual or unit responsible for monitoring compliance with licensing requirements? ____ YES ____ NO

6. Do you have written procedures specifying the conditions under which licenses are:

   a. Granted? ____ YES ____ NO

   b. Denied? ____ YES ____ NO

   c. Revoked? ____ YES ____ NO

   d. Suspended? ____ YES ____ NO

Criterion Questions: (cont'd)

6. Do you give agencies that are out of compliance a specific time period to take corrective action? ___ YES ___ NO

7. Do you offer recommendations to help agencies/facilities correct deficiencies? ___ YES ___ NO

8. Are there procedures for filing an appeal against denial or revocation of licenses? ___ YES ___ NO

9. Do you discontinue using institutions that have repeated instances of abuse? ___ YES ___ NO

Goal Achievement Score: Monitoring function of the RESIDENTIAL/GROUP CARE Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
VI-M-1	________	divided by 22 =	________
VI-M-2	________	divided by 16 =	________
VI-M-3	________	divided by 6 =	________
VI-M-4	________	divided by 15 =	________
		Total =	________

Total multiplied by $\frac{100}{4}$ = $\boxed{\quad\quad \%}$

(Your state's Goal Achievement Score

on the Monitoring function of the

RESIDENTIAL/GROUP CARE Program)

VI. RESIDENTIAL/GROUP CARE

Evaluation - Conduct of Evaluation Studies

Goal VI-E-1: The state agency evaluates the effectiveness and efficiency of residential group care services.

Criterion Questions:

1. Before formal program evaluations are initiated, are R/GC services assessed to determine whether:
    - a. Goals and/or objectives are stated in measurable terms? ____ YES ____ NO
    - b. A data collection system has been established? ____ YES ____ NO
    - c. Descriptive program data are routinely collected? ____ YES ____ NO
    - d. Outcome measures have been established? ____ YES ____ NO
2. If the above criteria (a-d) are inadequate or missing, do evaluation staff recommend necessary changes? ____ YES ____ NO
3. Are evaluation studies conducted to:
    - a. Determine whether RG/C services are achieving their stated goals and objectives? ____ YES ____ NO
    - b. Compare the outcomes (i.e., extent of goal achievement) of RG/C services in different parts of the state or region? ____ YES ____ NO
4. Have units of service been defined for residential group care services? ____ YES ____ NO
5. Are there procedures for computing costs of units of service? ____ YES ____ NO

Criterion Questions: (cont'd)

6. Are cost analysis studies conducted to:

    a. Determine the cost of achieving desired outcomes? ___ YES ___ NO

    b. Determine the cost effectiveness of alternative programs? ___ YES ___ NO

7. Is there a plan to evaluate all RG/C services programs? ___ YES ___ NO

8. Are new RG/C services and demonstration projects designed to include an evaluation component? ___ YES ___ NO

9. Is technical assistance provided to local agencies/offices in designing and conducting RG/C services research studies? ___ YES ___ NO

10. Does the state agency encourage local agencies/offices to conduct:

    a. Self-assessment activities? ___ YES ___ NO

    b. Surveys of client satisfaction with services? ___ YES ___ NO

VI. RESIDENTIAL/GROUP CARE

Evaluation - Utilization of Evaluation Results

Goal VI-E-2: The state agency promotes the use of evaluation results.

Criterion Questions:

1. Are findings of evaluation studies presented to key individuals including:

   a. Program staff? ____ YES ____ NO

   b. Program administrators? ____ YES ____ NO

   c. Legislators? ____ YES ____ NO

2. Are various methods used to disseminate evaluation results (e.g., memos, printed reports, briefings, direct contact)? ____ YES ____ NO

3. Are findings of evaluation studies made available to decision makers when program and budget decisions are being made? ____ YES ____ NO

4. Do evaluation reports include:

   a. Recommendations for change? ____ YES ____ NO

   b. Action steps necessary to implement the change? ____ YES ____ NO

5. Are program staff encouraged to respond in writing to evaluation reports regarding:

   a. Their interpretation of evaluation findings? ____ YES ____ NO

   b. Their recommendations for changes? ____ YES ____ NO

6. Is technical assistance provided to local agencies/offices to implement agreed upon changes? ____ YES ____ NO

7. Are the recommendations of RG/C evaluation studies incorporated in child welfare program plans? ____ YES ____ NO

Goal Achievement Score: Evaluation function of the RESIDENTIAL/GROUP CARE Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
VI-E-1	________	divided by 16 =	________
VI-E-2	________	divided by 11 =	________
		Total =	________

Total multiplied by $\frac{100}{2}$ = ☐ %

(Your state's Goal Achievement Score

on the Evaluation function of the

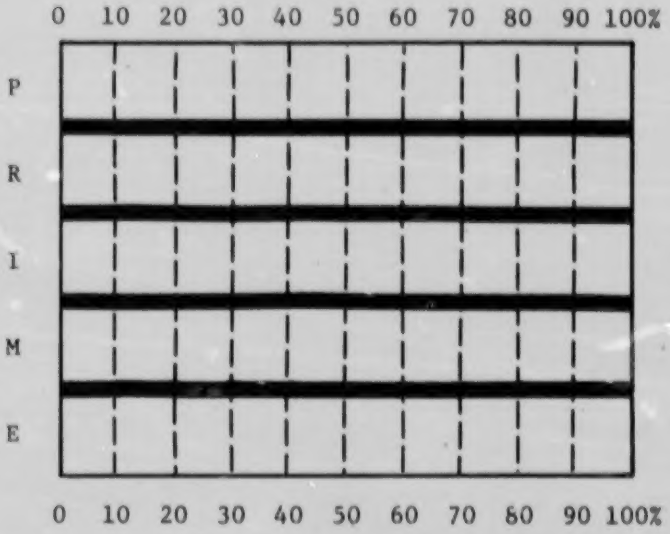
RESIDENTIAL/GROUP CARE Program)

Goal Achievement Program Summary for the RESIDENTIAL/GROUP CARE Program

The chart and profile below provide a summary of the RESIDENTIAL/GROUP CARE Program in your state. Fill in the chart below, entering the scores from the goal achievement summaries you have already completed (see page references provided below). To complete the Visual Profile, draw a line at the point in the column that corresponds to the score for each of the five (5) management functions. For example, if your state's score for the Planning (P) function were 65, you would draw a vertical line halfway between 60 and 70 to the right of the P (Planning) function on the profile. Fill in the space up to that line with a pen or pencil, as in a bar chart. The shaded areas depict the percentage of achievement for each management function. The unshaded area shows the remaining percentage to be achieved to obtain a perfect score (100%).

Function	Page	Goal Achievement Score
(P) Planning	(VI-17)	____
(R) Resource Development	(VI-23)	____
(I) Implementation	(VI-28)	____
(M) Monitoring	(VI-36)	____
(E) Evaluation	(VI-40)	____

VISUAL PROFILE: RESIDENTIAL/GROUP CARE



STATE CHILD WELFARE PROGRAM
SELF-ASSESSMENT MANUAL

VI. RESIDENTIAL/GROUP CARE
RESOURCE SECTION

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

VI. RESIDENTIAL/GROUP CARE

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INTRODUCTION

This Manual defines residential group care as those services provided in behalf of children in the structured treatment environment of a residential center or group home. The purpose of residential group care is to provide services and resources which help meet a child's developmental needs and unique physical, mental, or emotional problems. Children placed in residential group care facilities have special needs or psycho-social deficits which cannot be met in a family or less structured community setting. This discussion of residential group care refers to facilities administered by the state and those from which the state purchases services.

States are responsible for placing children who need residential group care services in the most appropriate type of treatment setting. The different types of care include institutions, residential treatment centers, and agency-administered group homes. Institutional care is one of the oldest forms of care for dependent and neglected children, and for children who present various social, emotional, and psychological problems. However, according to Child Welfare League of America Standards for Services of Child Welfare Institutions, "because of lack of development or deficiencies of other community services, there are many institutions that continue to be used for children for whom another type of care would be most suitable."1/

Various forms of group home care may also be used to meet the individual developmental needs of children for whom other forms of care are inappropriate.2/

> "Group home service is designed to strengthen the children's relationship with peers and adults, and in community activities. It offers a relationship with a small group of peers in a home-type setting where they live and are assisted by selected adults to handle the complexities of their relationships in the home and the community, and to cope with family, community and other environmental expectations."3/

This section will discuss resources, research findings, and information that may help states to effectively manage the residential group care programs they administer, as well as those services that are provided through contractual agreement. The material is organized according to five management functions: planning, resource development, implementation, monitoring, and evaluation.

1/ Child Welfare League of America Standards for Services of Child Welfare Institutions (New York: Child Welfare League of America, 1973), p. 3.

2/ For a description of five models of foster family group homes see: Elizabeth A. Lawder, Roberta G. Andrews and John R. Parsons, Five Models of Foster Family Group Homes (New York: Child Welfare League of America, 1974).

3/ Child Welfare League of America Standards for Group Home Service For Children (New York: Child Welfare League of America, 1978), p. 3.

In order to plan appropriate services, the state must identify the number and characteristics of children currently placed in residential group care or who are in need of care. The procedures used in studies conducted by two states of their residential treatment needs and resources are presented.

Developing resources to satisfy the state's residential group care needs is a state responsibility; therefore, states must be able to project their residential group care resource requirements and assist local agencies to develop community based services. Since residential treatment, institutional care and group home services are often purchased, written purchase of service contracts, including a method for analyzing expenditures, are necessary. Various cost analysis procedures are described which may be of interest to states.

Another state responsibility that will be addressed relates to the provision of specialized training for residential group care placement workers. In this section, the basic components of an in-service training program will be delineated and an innovative basic course for residential child care workers described. This section also includes a discussion of the techniques required to effectively administer and enforce licensing statutes and rules.

Procedures for monitoring purchase of service contracts and service provision are suggested as a means of ensuring accountability. In addition, various program evaluations of child care facilities' are examined. The outcome measures used to assess successful treatment in these studies are presented; and a proposed model for evaluating residential treatment programs is described.

PLANNING: NEEDS ASSESSMENT

A comprehensive national study of social services was recently conducted by Shyne and Schroeder under contract with the Children's Bureau, Department of Health, Education, and Welfare.1/ The purpose of the study was to obtain current information on children and families in the United States who receive public child welfare services. Case data were collected on a sample of 9,597 children served by the participating agencies for March 1977.

The researchers estimated from the survey data that 1.8 million children were receiving public social services during the first quarter of 1977. The survey found that 34,000 children were in group homes and 75,000 children were in institutions during this period. A chart showing the percent of children served by type of institutional placement is listed below:

Type of Institution 2/	Percent (N = 1,784,000)
Public child caring institution	1
Private child caring institution	1
Residential treatment facility	2
Diagnostic center	Less than 0.5
Maternity home	Less than 0.5

The numbers of children in different types of institutions were: 21,000 children in public child-caring institutions; 22,000 in private child-caring institutions; 29,000 in residential treatment centers and approximately 2,000 children in diagnostic centers or maternity homes. The data collected through this study provide the most current information available on children placed in residential treatment centers and group homes.

At the state level it is important to accurately determine not only the number of children in residential group care but also the number and characteristics of children who may need residential or group home care. This information can help the state develop plans for various kinds of facilities and services. (A detailed discussion of the needs assessment process and procedures for conducting a needs assessment are presented in the Management resource section of this Manual, pp. 55-61).

In determining residential group care needs, the state should collect data on the number of children referred for placement from other sources such as the juvenile court system, mental health centers and the private sector. These referrals can be classified by age, sex, race and behavioral characteristics. Trends in residential group care placement

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1/ Ann W. Shyne and Anita G. Schroeder, National Study of Social Services To Children and Their Families (Washington, D.C.: U.S. Children's Bureau Department of Health, Education, and Welfare, August 1978).

2/ Chart taken from Shyne and Schroeder, National Study of Social Services To Children and Their Families, p. 35.

within the state should also be reviewed with respect to demographic and behavioral characteristics of children.

The methodologies used by New York and New Jersey in examining their residential group care needs may assist other states interested in undertaking similar studies. The New York study, conducted by the Center for New York City Affairs, New School for Social Research, sought to identify current foster care needs in New York City.1/ One aspect of this study examined residential group care needs. Current and projected needs and the costs of meeting these needs were estimated for various types of foster care or alternative services.

> "The first task set for the study was to determine whether children currently in placement or at home awaiting placement needed to be in placement or could be at home if appropriate services were provided, and if placement was necessary, whether they were in the appropriate type of placement."2/

The estimates of current needs were based on an analysis of a random sample of 1,203 case records of "children in placement, children at home awaiting placement, children in the psychiatric services of hospitals in the city, and children on probation."3/ The estimates excluded all children who go through the courts yearly or children placed outside the New York City foster care system. The researchers collected data on the type of placement, the primary reason for placement, and the behavioral patterns of children. These data were analyzed by age, ethnic group, and religion.

An analysis of the use of appropriate types of placement for children in care indicated an acute shortage of residential treatment facilities. A detailed discussion of the methodology used in estimating foster care needs and converting the sample figures to the total population is included in the study report. A companion document, A Plan For Action, presents the Board's recommendations for meeting these needs. Both documents are available for $2 from the:

Research Department
Center for New York City Affairs
New School for Social Research
66 Fifth Avenue
New York, New York 10011

In 1973, the New Jersey Division of Youth and Family Services (DYFS) conducted a similar study of the state's residential treatment needs and resources for delinquent and disturbed children.4/ The study consisted of two phases of data collection: a needs analysis and a resource analysis.

1/ Blanche Bernstein, Donald A. Snider, and William Meezan, Foster Care Needs and Alternatives to Placement: A Projection for 1975-1985 (Albany, New York: New York State Board of Social Welfare, 1975).

2/ Bernstein et. al., Foster Care Needs, p. 57.

3/ Ibid., p. 1.

4/ A Needs/Resource Analysis of New Jersey's System For Providing Residential Treatment To Delinquent and Disturbed Children. Trenton: New Jersey Division of Youth and Family Services, June 1974.

The first phase of the study, the needs analysis, assessed the characteristics and treatment needs of all children who needed or were placed in residential treatment by the state during October of 1973. Data were collected from the file of each child in the 18 DYFS district offices, the files from private residential facilities and facilities operated by the DYFS, and through a telephone survey and in-person interviews with directors of facilities operated by the Division of Mental Health and Hospitals.

Results from the needs analysis identified 674 children and adolescents as placed or in need of placement in the 18 DYFS district offices. In analyzing the data, children were classified into twelve major diagnostic categories, primarily by organic dysfunction, and by eight behavior characteristics. However, most of the children were identified as having problems in both areas. Problems had been encountered in placing 264 of the children due to difficulties in obtaining funding and difficulties making accurate diagnoses.

A log listing the preliminary characteristics of all children placed in residential treatment by DYFS during calendar year 1973 was developed "designating each child by county of supervision, his or her case number, age, sex, race, date of placement, type of placement, and the facility code number in which the child was placed. The log was developed so that the one month sample used as the basis for the needs analysis could be contrasted with total placements made during that year."1/

A sample of 54 children placed in out-of-state institutions was evaluated separately to ascertain their special needs. The client characteristics of out-of-state placements were classified by gender, age, and race, and an analysis of the diagnoses and behavior characteristics was made. The researchers found that, "... a substantial number of children characterized as delinquent are in fact emotionally disturbed and are not having their therapeutic needs met by being incarcerated."2/ However, the state does not have the needed community resources (for example, small group homes) for children who have aggressive and acting-out behavior.

Approximately 84% of the 42 children referred to the six psychiatric facilities during the sample period appeared to be non-psychotic. "The fact that non-psychotic children are being committed to the psychiatric hospitals seems to indicate both under-utilization of the facilities and a lack of placements for aggressive or severely acting out children."3/

The second phase of the project was a resource analysis which assessed all residential facilities utilized by the state to determine the extent of service provision to children. "The characteristics and treatment needs of children needing placement were compared to the current resources to determine the types of resources which need to be developed."4/ This information will be used in future planning for a coordinated residential placement system within the state.

1/ *A Needs/Resource Analysis*, p. 1[illegible].
2/ Ibid., p. 28
3/ Ibid., p. 32.
4/ Ibid., p. 4.

During the resource analysis 62 in-state residential facilities, which provided 1,923 beds, were surveyed. Of the 1,923 beds, only 388 were appropriate for severely emotionally disturbed children and only 62 of these beds were available for placement. The diagnostic and behavioral categories of children were compared by percentage with the percentage of beds available. This comparison of data by percentages indicated areas that needed development as well as areas that were over-programmed. For example, "the research identified 38.2% of the children as emotionally disturbed and labeled 20.9% of the residential space as appropriate for that category. When behavior characteristics are added, however, many children in this category have limited placement opportunities."1/ However, there was an excess of beds in institutions for socially maladjusted children and a shortage of beds in group homes.

The researchers drew several conclusions from their findings and made recommendations for future planning. They concluded that "although New Jersey has a wide range of residential facilities, the distribution of services does not match the distribution of children needing placement. The majority of facilities are designed to serve a type of child who probably could be served more effectively by community based services, while the institutions which provide truly needed services are filled to capacity, or are too expensive."2/

PLANNING: GOAL SETTING

The information gained through needs assessment will give the state agency a basis for targeting its plans to meet identified areas of need. Setting goals for residential group care services is an important part of planning; therefore, the process of formulating residential group care goals should be carried out by a committee of concerned and knowledgeable persons. This committee should include representatives from the state agency, the local agency, child welfare advocacy groups and consumer groups.

According to the Child Welfare League of America, (CWLA) "the ultimate goal of institutional care is for every child to return to family life in the community, either in his own home or in an adoptive, foster or group home."3/ Similarly, "the ultimate goal of group home service is the promotion of children's healthy development and the amelioration of individual problems that are personally or socially destructive."4/ The goals drafted by states should be consonant with CWLA's philosophy.

Whatever goals the state decides upon, the goals should be realistically stated, measurable, and time specific. After goals have been developed they should then be prioritized. In addition, goals should be periodically reviewed and, if necessary, revised.

1/ A Needs/Resource Analysis, p. 47.

2/ Ibid., p. 50

3/ Child Welfare League of America Standards for Services of Child Welfare Institutions (New York: Child Welfare League of America, 1966), p. 14.

4/ Child Welfare League of America Standards for Group Home Service for Children (New York: Child Welfare League of America, 1978), p. 6.

PLANNING: PROJECTING RESOURCE NEEDS

Projecting future residential group care resource requirements gives states a base from which to plan for future service needs. As part of the previously mentioned New York study, the researchers were able to make projections about foster care needs for the period 1975 - 1985. In addition, estimates were made about the future cost of care for this same period. The following methodology was used in projecting need:

> "The projections of the need for foster placement in 1980 [were] based on projections of the population of children under 18 by age and ethnic group and on past and projected trends in the proportion of children requiring foster placement. The projections were developed for the four age groups -- under 3, 3-6, 6-12, and 12 years of age and over."1/

The next step was to determine "the number of children awaiting placement and the number of children in the psychiatric wards and on probation who needed foster placement. The ratios of children in each age group derived in the first step were appropriately increased to reflect the preferred placement for all children within these groups who require foster care placement."2/

The third step took into account that relatively twice as many children in the 3-6 and 6-12 year old groups should either be in their own homes or adopted than among the under 3 or the 12 and over age group. Therefore, the ratios obtained in the previous step were decreased for the 3-6 and 6-12 groups.

The impact of prospective changes in the level of family income in New York and of the anticipated decline in the volume of immigration were also taken into account. A five percent decrease in the ratios of children in foster care figured in the third step allowed for these changes.

Ratios were then applied to the projected 1980 child population for each age group to determine the number of children who would require foster care. The final step was to distribute the number of children in each group by the type of foster placement required.

The projection of needs for foster placement services in 1980 showed that many more residential treatment centers will be needed. The researchers made projections based on a comparison of the projected needs for 1980 with the actual pattern of placement at the end of 1974. Projections included a decline in the total number of children in foster placement, a need for additional residential treatment facilities, and an increase in the number of group homes and residences needed.

In estimating the total costs of placement of children in foster care for future years, the number of children needing different types of care

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1/ Bernstein et. al, Foster Care Needs and Alternatives to Placement, p. 2.

2/ Ibid., p. 87.

(e.g., foster boarding homes, agency-operated boarding homes, group homes and residences, and institutions) were multiplied by the current fiscal year's expenditures for such care. The following procedures were used for all types of placements:

1. It was assumed that the current fiscal year's expenditures for each type of care would be the largest amount of:

    (a) the preceding year's actual per-child per diem expenditure;

    (b) the preceding year's allowable per diem rate; and

    (c) the current year's allowable per diem rate.

2. These data were arranged in one table for each type of care.

3. The public share of these estimated expenditures was the higher of the allowable rates for the preceding year and the current year.

4. The voluntary agency's share of the estimated expenditures was determined by subtracting the estimated public share from the estimated total cost.

5. The average per-child per-diem estimated expenditure was derived by summing the products of each agency's total per-child per-diem costs and the number of days' care provided by that agency and dividing this number by the total number of days of care for all agencies.

6. The per-child per-diem estimated public expenditures were obtained using the same procedure, only substituting allowable costs, that is, the reimbursable amount, for care provided by each agency for the total cost. The per-child per-diem estimated voluntary cost was derived by subtracting from the other two averages.1/

States may wish to adapt the aforementioned methodologies to project need and/or to estimate future costs for residential group care.

1/ Bernstein et. al., Foster Care Needs, p. 87.

RESOURCE DEVELOPMENT: PURCHASE OF SERVICE

Residential treatment, institutional, and group home care services are usually provided by proprietary or voluntary agencies through contractual agreement, unlike other child welfare services such as protective services, foster family care, adoption and counseling which are usually provided directly by the public agency. The Shyne and Schroeder study, conducted with a representative sample of 315 public social service department in the United States, confirmed this fact.1/ The study found that more than 75% of the children served received protective services, foster family care, adoption, and counseling directly from the public social service departments, while "the public departments relied heavily on purchase of service for ... group home - 42 percent, residential treatment - 71 percent, other institutional service - 47 percent, and day treatment - 45 percent."2/

The large number of children receiving residential, institutional and agency administered group home care services provided through contractual agreements suggest the need for written purchase of service contracts. A formal purchase of service contract should clearly delineate the requirements of the contract including: the roles and responsibilities of the purchase-of-service providers and service purchaser, guidelines or written procedures for performance, and the rates of payment for purchased services as well as differential rates of payment. Federal regulations, as stated in the 1967 and 1972 Social Security Amendments, stipulate that services purchased with federal funds should include a written purchase-of-service contract between the provider and the purchaser of service.

The State of New Jersey, Department of Institutions and Agencies, Division of Youth and Family Services has developed a Model Agreement for Purchase of Residential Services. This model agreement is available free of charge from:

Bureau of Residential Services
Division of Youth and Family Services
Box 510
Trenton, New Jersey 08525

RESOURCE DEVELOPMENT: DEVELOPING COMMUNITY BASED RESOURCES

The development of additional community resources and support systems for children who require residential group care services may reduce the number of children who are placed in institutional settings. Increasingly, group homes have been used throughout the country as one means to avert residential group care placement.

When planning for the development of community-based group home programs child welfare administrators almost always will face some community resistance. If plans are to be successfully implemented, preparations should be made to

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1/ Shyne and Schroeder, National Study of Social Services To Children and Their Families.

2/ Ibid., p. 67.

address these concerns.1/ Weber, who has direct experience in the development of 30 group homes in 15 states, has identified three strategies that can be employed to minimize community opposition to the operation of a neighborhood group home.2/ They are: the low profile entrance; the high profile entrance through execution of an intense educational plan; and the combination approach whereby a select few persons who are the most concerned are educated.

In addition, there are five major variables that can affect neighborhood entry. These variables are associated with neighborhood, clients, sponsor agency, facility, and legal factors. Weber recommends assessment of the factors related to these variables prior to selecting an entry strategy.

In order to deal effectively with the objections to group homes by neighbors, one should be aware of their general motivations. One should be prepared to address factors such as: concern about property values, concern about privacy, fear for the safety and values of children, and individual life pressures and personal style. Because the concentration of group home residents is a major factor in determining community attitudes, an agency should determine what comparable services are existing, or planned, in a community. A preliminary assessment of services will eliminate an oversaturation of the community.

Based on his experience, Weber offers the following suggestions for developing group homes:

- Know your neighborhood.
- Make sure you have the legal right to be there.
- Educate before any rezoning hearing.
- Organize a neigborhood educational plan and materials well in advance of entry.
- In educating neighbors be clear and straight forward.
- If possible, assign the group home parents the job of educating neighbors.
- Ask high-credibility persons in the neighborhood to help you with neighborhood education such as a local minister.
- Be careful about the home purchase agreement or lease.
- Don't promise there will be "no problems" from clients.
- Educate important persons in advance.
- Don't expect complete support at once.
- Spread the 'good neighbor' plan.
- Be respectful of neighbors.

An article written by Robert B. Coates, and Alden D. Miller. "Neutralizing Community Resistance to Group Homes," in Juvenile Correctional Reform in

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1/ See: Community Residences Information Services Programs. "Gaining Community Acceptance: A Handbook for Community Residence Planners." New York: Westchester Community Council, 1976.

2/ Donald E. Weber. "Neighborhood Entry in Group Home Development," Child Welfare 62:10 (December 1978), pp. 627-641.

Massachusetts may be of interest to those states interested in developing agency administered-group homes. This document is available from:

U.S. Government Printing Office
Washington, D. C. 20402
Price: $2.00
Stock #027-000-00483-1

IMPLEMENTATION: STANDARDS

Residential group care standards, guidelines and licensing requirements should be consonant with the state's child care licensing statutes. The purpose of licensing statutes for children's services is to regulate child placing agencies, and to regulate the conditions under which care is provided to children placed in child care facilities. Licensing certifies that the child care facility meets licensing requirements and is in compliance with the licensing statutes.

Implementation of child care licensing statutes is a function generally carried out by of the state agency. Title XX of the Social Security Act rules and regulations pertaining to "Standards for Institutions or Foster Homes" require that states

> "shall provide for the establishment or designation of a state authority or authorities...which shall be responsible for establishing and maintaining standards which are responsibly in accord with recommended standards of national standard setting organizations concerned with standards for such institutions or homes..."1/

The State Department of Public Welfare is generally given the regulatory function of administering the licensing law and ensuring that its licensing provisions are effectively implemented and maintained by agencies. Effective administration and enforcement of licensing statutes is contingent upon the availability of adequate funds, qualified licensing staff, work loads, provision of consultation, administrative structure, specific guidelines and criteria for licensing, and the extent to which the state is delegated power to deny or revoke a license.

Licensing statutes should explicitly delineate the state's role and authority in licensing facilities. Paulsen 2/ makes note of the language used in State vs. Gilroy which held the placement law of the state of Washington unconstitutional:

> "...The principle is...that a law is invalid when the authority delegated leaves the regulatory or enforcement agency with unguided and unrestricted discretion in the assigned field. Stated affirmatively, the method of regulation by delegation of authority is subject to the limitation that the law providing for the delegation must also prescribe an accompanying rule of action or lay down a guide or standard whereby the exercise of discretion may be measured."3/

1/ P.L. 93-647, Title XX of the Social Security Act. Para. 228.12 in Federal Register 42:20, (January 31, 1977), p. 5850.

2/ Monrad G. Paulsen, "Licensing a Look at the Law," Proceedings of the Centennial Conference on the Regulation of Child-Care Facilities, ed. Lela B. Costin (Urbana-Champaign, Illinois: University of Illinois, 1967).

3/ Ibid., p. 74.

This court ruling suggests that statutes should provide the state with guidelines for implementing licensing regulations. Among the many basic features of a child-care licensing statute, "the licensing law should delegate authority to the agency for rulemaking, provide guidelines in respect to standards development, and give direction as to the procedural process to be followed for their promulgation."1/

IMPLEMENTATION: STAFF DEVELOPMENT AND TRAINING

According to Uhlig and Plumer, "the majority of children in placement today have past histories of internal disturbance or external anti-social, or disruptive behavior, and many are substantially underachievers academically."2/ Many of the children going into residential care have a multitude of problems which necessitate that placement workers and child care workers receive specialized training. "As the child care services become more professional and the problems facing them more complex, so it is becoming important that all who share in them should have a basic professional training."3/ It is a responsibility of the state to make certain that social workers possess the requisite skills to develop individualized treatment plans for each child placed in residential care and to make appropriate placement decisions. The state should therefore identify the specialized training needs of local agencies and provide continuous preservice and in-service training. In-service training programs should provide local agency placement workers and residential child care workers with specialized training. Placement workers should receive training in areas such as diagnostic assessment, selection of most appropriate type of child care facility for particular children, case planning and monitoring.

The Child Welfare League of America Standards for Services of Child Welfare Institutions suggests that an in-service training program include the following:

> "- orientation courses for new staff regarding agency purpose, objectives, resources, policies, and services;
>
> - training courses, including lectures and discussion, given by social workers, psychiatrists, and psychologists. These may include normal and deviant child behavior and development; child care at various developmental levels; family relationships; variations in child-rearing patterns; types of emotional disturbances; effects of separation and deprivation; discipline; group processes and their impact on individual children; use of materials, books, and records;

1/ Norris E. Class, Licensing of Child Care Facilities by State Welfare Departments (Washington, D.C.: U.S. Children's Bureau, Department of Health Education, and Welfare, 1968), p. 12.

2/ Richard H. Uhlig and Erwin H. Plumber, "Training for Residential Group Care Children: A Basic Course With Some Application To The Education of Social Workers," Paper presented at the 24th Annual Program Meeting of the Council on Social Work Education, New Orleans, Louisiana 26 February 1978, p. 3.

3/ "Training for Staff," in The Community's Children (New York: Humanities Press, 1967), p. 82.

- provision for attendance at courses, institutes, and conferences;
- a library that has child care, health, and sex education pamphlets"1/

States may be interested in obtaining "A Basic Course for Residential Child Care Workers," which was developed by Group Child Care Consultant Services, University of North Carolina. This training material was developed under a contract with the Children's Bureau, DHEW. The training course consists of seven modules which teach concepts on Developmental Planning, Developmental Needs, Separation, The Cottage, Discipline, The Group, and The Job. Each module can be used independently or in combination with any or all other modules.

> "The seven modules of the Basic Course embody the basic principles of residential care from the original request for service through placement and the provision of aftercare, specifying which responsibilities belong to the social worker, which responsibilities belong to the child care worker, and how and when cooperative work between the two is essential."2/

Social workers who are responsible for placing children in residential group care facilities also may find the course useful because it provides an orientation to progressive residential care practices. Completing the course should enhance a placement worker's ability to assess the appropriateness of utilizing group care, and selecting a particular facility in relation to the needs of the child to be placed.

The course is also applicable to child care workers in institutions caring for dependent/neglected, emotionally disturbed, juvenile delinquent, mentally retarded, and physically handicapped children. The instructional material was designed to be flexible and can be used for in-service training, pre-service training or self-study. The complete course material, which cost $65.00 and provides 40-63 hours of classroom time, consists of: one student manual per model, a student guide, an instructor's manual, and an instructor's guide. The material can be ordered for a class of 10 at $250.00 or a class of 20 at $465.00. For further information regarding training materials or names of persons who have been trained to use the material for training child care workers, write:

Group Child Care Consultant Services
University of North Carolina
300 Battle Hall 056-A
Chapel Hill, North Carolina 27514
(919) 966-5466

1/ Child Welfare League of America Standards for Services of Child Welfare Institutions (New York: Child Welfare League of America, 1966), p. 119.

2/ Uhlig and Plumer, "Training for Residential Group Care of Children," p. 11.

or

U.S Children's Bureau, DHEW
Post Office Box 1182
Washington, D. C. 20013

Development Associates, Inc. offers workshops to teach trainers how to use "A Basic Course for Residential Child Care Workers." The workshops are 3 1/2 days and are offered to state child care agencies, organizations and associations. For further information, contact:

Development Associates, Inc.
2924 Columbia Pike
Arlington, Virginia 22204
(703) 979-0100

MONITORING: DATA COLLECTION

Data on the status of each child placed in residential group care is obtained by states through either a manual or computerized management information systems. Information is usually obtained on a child's progress and goal achievement. This information can be used to determine whether services are being delivered as planned and to make management decisions.

Hackshaw and Hackshaw developed a case management system specifically designed for use in residential settings.1/ This system is described in Handbook For A Case Management System In A Residential Treatment Setting. The handbook includes charts for developing the data base and examples of information collection forms that can be tabulated and processed manually or by computer. For further information on this instrument, which was developed and tested at the Graham Home for Children, write:

Graham Windham Services
1 South Broadway
Hastings - on Hudson, N.Y. 10706
Price: $5.50, Postage and Handling: $1.90

States interested in evaluating the status and effectiveness of their management information systems may be interested in a profile developed by the Utah Department of Social Services Division of Family Services of its social service management information control system. The profile, Evaluation of the Status and Effectiveness of State and Local Human Service Information Systems, System Profile - Social Service Delivery Management Information and Control System, is available from:

National Technical Information Service
5285 Port Royal Road
Springfield, Virginia 22161
Price: $4.50

or

Project Share
Post Office Box 2309
Rockville, Maryland 20852
SHR-0001104
Price: $4.50

MONITORING: SERVICE PROVISION

The state has the responsibility to ensure that each child in residential group care has a service plan which includes specific goals to be accomplished, services to be provided, and expected time period within which to accomplish the goals and objectives. This includes responsibility

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1/ Eugenia Hackshaw and James O. Hackshaw, Handbook For a Case Management System In a Residential Treatment Setting (New York: Graham Home For Children), 1977.

for ensuring that services are provided in accordance with the treatment or service plan.

A study of eight states and one province in Canada examined this practice in institutional, residential treatment centers and group home programs.[1] Two of the purchase of service contracts reviewed during the study used different procedures for ensuring the provision of a service plan. In one contract, developed by New York City, the providing residential care facility was responsible for developing plans, contingent upon the referring public agency's approval:

> "The New York City contract provides that within 60 days after the placement of a child the providing agency shall develop a service plan with defined goals, methods and services to be provided and expected period for attainment of such goals... Special Services for Children shall approve, disapprove or modify the service plan in writing within 10 working days. The agency shall implement the service plan upon receipt of approval thereof."[2]

In a contract developed in Utah, however, the state assumed responsibility for developing and monitoring the service plans. In Utah the contract stipulated that the state had the responsibility to "develop and monitor an individual service plan for each eligible consumer, which the provider shall follow in complying with the specifications."[3] In Utah, the contracts list specific objectives for resolving problems, including the specific activities to be carried out for each objective. It is suggested, however, that objectives and activities, if they are to be part of the contract, be determined in collaboration with the social worker of the child care facility providing services.

The following page shows a monitoring form used by Utah to monitor and evaluate the level of achievement of the objectives of the service plan. A team consisting of a program specialist, and representatives of the social service department, and the business management office use this form during their quarterly monitoring and evaluation of contracts. Financial records and quantity of service are also monitored. The Social Service Division and the service provider receive written reports.

For a more detailed discussion of the specific steps that should be taken during the process of contracting and in the management and monitoring of contracts, the reader is referred to the Management Resource Section of this Manual.

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[1] The study was conducted by Mayer et al. and is discussed in Group Care of Children.

[2] Mayer et al., Group Care of Children, p. 223, taken from Agreement for Purchase of Child Care Services. Special Services for Children, New York City, 1974-75.

[3] Mayer et al., Group Care of Children, p. 223 taken from Purchase Contract. Utah State Department of Social Services, Division of Family Services, Salt Lake City, Utah, 1975.

SOCIAL SERVICE CASE RECORD MONITORING REPORT (UTAH)

AGENCY ____________ DIRECT SERVICE ____________

PURCHASE OF SERVICE ________

REPORT PERIOD ________

REVIEWED BY ________ DATE ________ CASELOAD ____ CASES REVIEWED ____

RESULTS	YES	N/A	PERCENT COMPLIANCE	NO
1. This is a separate service record........... 1.				
2. There is an application for social services. Did applicant sign application YES ___ NO ___.. 2.				
3. There is an up-to-date determination of eligibility for federal reimbursement............ 3.				
4. There is a service plan with clearly defined goals.. 4.				
5. There is an estimate of time to accomplish goals. 5.				
6. There is mutual agreement between client and worker regarding service plan, goals and approximate time needed to accomplish the goals.. 6.				
7. The services which have been provided or purchased, including referrals, are clearly identified in the record......................... 7.				
8. The dates of service contacts and purposeful collateral contacts are recorded in the record... 8.				
9. There are quarterly reviews and reassessments of the service plan and goals.................... 9.				
10. There is evidence in the record that the services of the agency have been explained to the client 10.				
11. There is evidence in the record that client has been given the opportunity to accept or reject services.................................. 11.				
12. There is evidence in the record that the client has been informed of his/her right to express grievances and to a fair hearing..................12.				
13. There is evidence in the record that the client has been informed of his civil rights............13.				

COMMENTS AND RECOMMENDATIONS

Chart taken from: Morris Fritz Mayer, Leon H. Richman and Edwin A. Balcerzak, Group Care of Children: Crossroads and Transitions (New York: Child Welfare League of America, 1977), p. 226.

MONITORING: PURCHASE OF SERVICE AND LICENSING

Purchase of service. The state should also assume responsibility for monitoring purchase of service contracts to ensure continued compliance with terms of the contract. There should be a unit or individual within the state office that has responsibility for administering and monitoring each purchase of service contract both in and out of state.1/

The following components are important elements in monitoring purchased services: 1) quarterly reports on the progress of each child in care, 2) site visits to the child care institution, 3) a systematic procedure for determining compliance with the requirements of the contract, and 4) monitoring reports of each formal purchase of service contract. In cases where noncompliance is determined, the service provider should be alerted and if necessary, the contract should be terminated.

Further, it is important that the state agency "be accountable to the public and the consumer for the quality of services purchased.2/ For this reason, prior to initiating a contractual agreement, the state must determine if a facility from which it purchases services has efficient and sound management practices. This preliminary assessment is important because most states do not have the resources to monitor the fiscal and administrative operations of the purchase of service providers. Among the principles that should be followed, Mayer has suggested that there "be an open accounting of all financial operations, including profit or deficits, rents, reimbursements, and reports on all direct and indirect salaries, with a clear description of what services were received in exchange."3/

Licensing. To ensure that residential group care facilities used by the state are in compliance with licensing standards, the state licensing staff should regularly monitor these institutions. A 1977 review of residential care facilities for children by the General Accounting Office (GAO) found that "state licensing inspections are not regularly made and licensing standards are not enforced."4/ Eighteen selected institutions were visited to assess their physical conditions and the adequacy of licensing reviews. Almost half of the institutions visited were either unlicensed or had serious physical deficiencies. These conditions existed because state agencies responsible for placing children in foster family care and child-care institutions did not always inspect facilities or enforce standards. "Lack of specific Federal guidelines and criteria to which placing agencies can be held accountable" 5/ also contributed to the problem.

The following serious deficiencies, which were in violation of Federal and State regulations, were observed at 7 of the 18 institutions:

1/ See: Thomas J. Walsh and Fred Teitlebaum. Improving The Productivity of Purchased Care (Washington, D.C.: Department of Housing and Urban Development, January 31, 1979).

2/ Mayer et al,. Group Care of Children: Crossroads and Transitions, p. 197.

3/ Ibid., p. 215.

4/ Comptroller General of The United States. Report to the Congress: Children in Foster Care Institutions -- Steps Government Can Take to Improve Their Care, (Washington, D.C.: U.S. General Accounting Office, February 22, 1977), p. i.

5/ Ibid., face sheet.

> "- Missing windows and screens at facilities located in areas where flies were a major problem.
>
> - Children sleeping on mattresses on the floor in cramped and dingy rooms.
>
> - Broken and dirty bathroom facilities which were cited by two health agencies as inadequate.
>
> - Dirty and unsanitary sleeping, living, and kitchen areas that had a bad odor, worn rugs, and battered furniture.
>
> - Children's beds pushed up against gas heaters that were operating at full power even though it was a hot summer day.
>
> - Children without clean clothes because they had few clothes, and the laundry was not done regularly.
>
> - Recreation facilities that included a carpentry shop with unuseable power tools and a caved-in roof, gymnastic equipment that was placed off limits to the children because it was broken and dangerous; and, although it was summer, a swimming pool that was unuseable and full of green scum."[1]

The study also found unlicensed institutions and institutions that operated with uncorrected deficiencies even though the licensing agencies were aware of the problems. GAO made the following recommendations to the Secretary of HEW based on its review of foster care institutions:

> "...that the Secretary of HEW
>
> - Direct regional HEW staff to more closely monitor the States' enforcement of licensing standards and assure that Federal funds are not paid for children in unlicensed facilities.
>
> - Provide guidance to the States for developing standards for foster care institutions in accordance with Title XX of the Social Security Act."[2]

When it is necessary to place children in other states, the state should make sure that the out-of-state institutions used meet the licensing requirements of that state, in addition to other requirements that the state may wish to enforce through purchase of service contracts. In addition to obtaining licensing study reports prior to the placement of children, out-of-state institutions can be monitored by the placing state through use of the following techniques:

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[1] Comptroller General, Report to Congress, p. 25.

[2] Ibid., p. 29.

"(1) sending staff to visit the child on a regular, periodic basis
(2) inspecting the institution systematically and on a regular basis
(3) obtaining detailed information about the nature and level of care and treatment being used in the institution
(4) requiring periodic treatment progress reports from the institution
(5) maintaining close contact with licensing agencies in the other state to ensure that the institution meets licensing requirements and has not had its license revoked."1/

According to "Report on Recommendations for Revisions to Federal Standards on the Prevention and Treatment of Child Abuse and Neglect," the state has the responsibility for the oversight of residential child care institutions and the assessment of reports of suspected institutional child abuse and neglect. States have the responsibility to:

"o Utilize the Independent State Agency, its Regional Inter-disciplinary Review Boards, and its Conciliation Team as external aides

o Cooperate with external aides so that they can perform general oversight responsibilities including:

(1) regular audits of public and private institutions
(2) certain licensing and standard-setting functions
(3) pre-placement review by the Regional Inter-disciplinary Review Boards of all admissions to public and private institutions of children whose custody has been assumed by the State
(4) compilation and dissemination by the Regional Inter-disciplinary Review Boards of detailed descriptions on treatment programs available at public and private institutions, particularly those facilities located within the State
(5) promotion of the establishment and operation of institutional child advocacy programs
(6) negotiations, led by the Conciliation Team, between the State Child Protection Division and an institution when they are unable to reach agreement on corrective action resulting from an incident of institutional abuse or neglect"2/

1/ "Report on Recommendation for Revisions to Federal Standards on the Prevention and Treatment of Child Abuse and Neglect" (Washington, D.C.: National Institute for Advanced Studies, July 1977), p. III-114.

2/ "Report on Recommendations for Revisions to Federal Standards on the Prevention and Treatment of Child Abuse and Neglect," p. III-108.

The state should have a procedure for determining if institutional abuse of children has occurred. As stated in the section on "Standards on Residential Child Care Institutions," the Federal Standards recommend that the state agency assess reports of suspected institutional child abuse and neglect. Guidelines and procedures for achieving this standard can be found in the Federal Standards.

MONITORING: UTILIZATION OF FINDINGS

It is important that the state use the findings from its monitoring activities to help agencies correct deficiencies and improve the delivery of residential group care services.

Paulsen's examination of a sample of state child-care licensing statutes revealed that most states are given administrative authority to determine an applicant's suitability for license, and to grant, deny, revoke, or suspend a license.

> "Almost all the licensing statutes have provision for both pre-license inspection and examination of applicants as well as for inspection and investigative powers after the child-care license has been issued."1/

Having such powers, the state can influence the type of care that is being provided to children. When agencies are found to have deficiencies, the state should attempt to determine the causes and offer recommendations and/or assistance in taking corrective actions, and assist in efforts to upgrade programs.

In instances where alleged institutional abuse and neglect has taken place the state agency may want to follow the procedures listed below:

"(1) holding a fact-finding review to determine if the reported institutional child abuse and neglect is unfounded, indicated, or founded

(2) allowing the institution to fully participate in the review and assessment of all relevant facts which pertain to the allegation (except those necessitating the disclosure of individuals' identies which would breach confidentiality agreements)

(3) providing the institution with the opportunity to share the results of its own inquiry and to state its reactions to the allegations and to the assessment findings

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1/ Norris E. Class, Licensing of Child Care Facilities by State Welfare Departments (Washington, D.C.: U.S. Children's Bureau, Department of Health Education, and Welfare), p. 12.

(4) allowing the institution time to perform additional assessments if report is confirmed or indicated

(5) extension of time is not to exceed two weeks documenting final assessment findings in a report to be submitted to the State Child Protection Division for review and recommendation of corrective action

(6) submitting final report to appropriate State and county licensing agencies, appropriate child-placing agency, and law enforcement authorities when appropriate

(7) notifying the child's parents of final assessment findings."1/

After the validity of a report of institutional abuse of children has been substantiated, the state should make certain that the local placement staff receive a report of the finding. Further, child placing agencies within the state should be advised not to refer children to institutions which have repeated instances of abuse until they receive documentation that corrective action has been taken.2/

1/ Federal Standards, P-III-125-126.

2/ See: Child Abuse and Neglect In Residential Institutions: Selected Readings On Prevention, Investigation, and Correction (Washington, D.C.: National Center on Child Abuse and Neglect, 1978).

EVALUATION: CONDUCT OF EVALUATION STUDIES

It is important that the quality of care provided by child care facilities be periodically evaluated by the state. Program evaluation is a necessary tool which can be used to: (1) assess the effectiveness of programs, (2) determine the extent to which goals are achieved, and (3) assess change in individuals as a result of their participation in a treatment program. To facilitate the conduct of organized evaluation studies, the state evaluation office should regularly evaluate program impact and outcomes. The knowledge gained through evaluative research should be used in planning for improved services and outcomes. To ensure that the needs of children placed in child care facilities are being adequately met, the state should (1) require that workers attend periodic case conferences in the institution to evaluate the progress of each child in placement, (2) undertake some form of program evaluation, and (3) conduct objective evaluative research. States should also encourage accreditation, or special consultative studies, by organizations that specialize in residential care.

States should periodically evaluate the programs of the child care facilities they use, even though the institution may conduct its own evaluation studies. A survey of 131 providers of group care conducted by Mayer et al. determined that

> "although most group care facilities have some form of case conference to evaluate the progress of individual children, only a few have some form of program evaluation and still fewer conduct evaluative research... Nearly two-thirds (65%) of the respondents were not currently or had not been involved in the last 3 years in conducting followup studies, and 4% were involved in studies of treatment effectiveness."1/

Durkin and Durkin 2/ conducted a critical review of some studies related to program evaluation of residential treatment programs. The studies were examined in terms of their strengths and weaknesses, which may provide states with some guidance in the types of evaluations which have the most merit. Although the review focused on programs for disturbed children, the different approaches, concepts and methodologies can be applied to various types of child care facilities.

Three categories of evaluative studies were used by Durkin and Durkin:

- Goal attainment studies which included outcome and follow-up studies;

1/ Mayer et al., Group Care of Children, p. 248.

2/ Roderick P. Durkin and Anne Botsford Durkin, "Evaluating Residential Treatment Programs for Disabled Children" in Handbook of Evaluation Research. Vol. 2 edited by M. Guttentag and E. Struening (Beverly Hills, California: Sage Publications, 1975), pp. 275-339.

- Process evaluations;
- Systems analyses.

The researchers found that evaluations of residential programs usually have been goal attainment studies. These studies either measured outcome or were follow-up studies which measured program effectiveness or success. It is important that specific measures of outcome be developed prior to program implementation so that program outcomes can be measured against pre-established criteria. Kadushin 1/ points out that the evaluation of child care facilities is complicated by the fact that the same criteria for assessing outcome of care are not applicable to all of the different types of facilities used. This necessitates the use of different criteria for different types of facilities. The following discussion will focus on the kinds of outcome measures that have been used in various outcome studies of residential group care programs.

Johnson and Reid 2/ and Silver 3/ used the following criteria to assess successful treatment in two outcome studies of residential group care programs:

- o The child's ability to adjust to his own home or foster home;
- o The child's social adjustment in school or at work;
- o The extent of change or improvement in the child's interpersonal behavior;
- o The child's ability to live in accordance with community legal standards;
- o The child's behavior in different kinds of interactional situations;
- o The child's positive relations with adults.

Both studies have various limitations. The Johnson and Reid study used ambiguous criteria for successful treatment and lacked a control group. However, this study is of historical interest because few systematic follow-ups of discharged children have been undertaken. Silver's study used poor outcome measures and had some methodological problems with regard to judgements of improvement.

Taylor and Alpert 4/ conducted a follow-up study of 75 children after residential treatment at Children's Village for 6 months or longer. The objectives of the study were:

1/ Alfred Kadushin. "The Child Caring Institution", In Child Welfare Services (New York: Macmillan Publishing Company, Inc., 1974).

2/ Lillian Johnson and Joseph Reid, An Evaluation of Ten Years Work with Emotionally Disturbed Children. Seattle: Ryther Child Center, 1947.

3/ Harold Silver, "Residential Treatment of Emotionally Disturbed Children: An Evaluation of Fifteen Year's Experience," Journal of Jewish Community Service Vol. 28, 1961.

4/ Delores Taylor and Stuart Alpert, Continuity and Support Following Residential Treatment (New York: Child Welfare League of America, 1973).

"1) to assess how children discharged from the residential treatment program are adapting to their post-discharge environments;

2) to examine the discharge plans made for children and the degree to which those plans were specified and effected;

3) to ascertain the degree to which post-discharge environments are supportive or stressful for children;

4) to understand the continuity of relationships between institutional placement and post-discharge environments provided for children by the staff of the Residential Treatment Program; and

5) to explore possible reasons for the failure of some children to respond to post-discharge services" 1/

Post-discharge adaptation was measured by a version of the Roen-Burns Community Adaptation Scale (CAS). The degree of change during residential treatment was rated on the basis of a sense of self-worth and improved behavior. Post dischage community supports were measured by the child's perception of the availability of help from parents and other individuals that were close to the child.

The study tested the following hypotheses:

"Hypothesis No. 1:

The greater the degree of continuity in the post-discharge environment, the greater the degree of the child's adaptation to the environment;

Hypothesis No. 2:

The greater the degree of support in the post-discharge environment, the greater the degree of child's adaptation to the environment;

Hypothesis No. 3:

The greater the degree of pre-admission adaptation, the greater the degree of post-discharge adaptation; and

Hypothesis No. 4:

The greater the degree of adaptation gained in the institution, the greater the degree of post-discharge adaptation."2/

1/ Taylor and Alpert. Continuity and Support, p. 3.
2/ Ibid., p. 50-51.

The findings of the study supported Hypothesis 2 and to some extent Hypothesis 1. The factors associated with post-discharge adaptation were: the child's perception of post-discharge support from the family and/or others; and continuity of support from the family prior to admission, during placement and after discharge. Continuity of support was specified as: early detection of the child's problem, professional help before admission, parental visiting and involvement in treatment during care, and the length of time a child lived continuously in his post-discharge living arrangement.

In relation to Hypothesis 3, the study found little relationship between pre-admission and post-discharge adaptation. It was found that it is not possible to predict a child's post-discharge adaptation on the basis of a given set of pre-admission characteristics. Four characteristics, however, were found to be significantly related to successful post-discharge adaptation: problems were not of long standing, a younger child, a stable family situation, and a prior knowledge of a helping relationship.

Hypothesis 4 was rejected because the degree of change children gained in residential treatment was not significantly related to post-discharge adaptation.

Based on their findings, the researchers suggested that workers place more emphasis on continuously working with families of children in placement as a unit, both during placement and after discharge.

Mayer suggests that in order to develop more objective evaluative research, agencies must develop program evaluation through the use of objective and simple measures. Instruments or criteria for measuring effectiveness are necessary in order to evaluate programs. Mayer contends that agencies can find simple and yet scientifically accurate relationship criteria for effectiveness.

Besides the problem of developing reliable and valid outcome criteria, several other criticisms of outcome studies have been pointed out, such as:

> "1. The delay in providing relevant feedback about effectiveness to the public.
> 2. The relative disregard (again, unless designed differently) of the intramural functioning of the program, and hence of the institution as a social system.
> 3. The inability (unless designed otherwise) to delineate the relative contribution of the various components of the program to the outcome; in other words, emphasis on net effectiveness of the program.
> 4. The difficulty in differentiating formal goals from informal and unrecognized goals."[1]

---

[1] Durkin and Durkin, Handbook of Evaluation Research, p. 293.

In order for outcome studies to have statistical value, they should include an adequate sample size and have the benefit of control groups. "... It is likely that most studies of residential programs with fewer than ten children would preclude the finding of meaningful significant differences."1/

EVALUATION: MODEL FOR EVALUATING RESIDENTIAL TREATMENT PROGRAMS

Given the difficulties and limitations inherent in goal attainment research, Durkin and Durkin have developed a proposed model for evaluating residential treatment programs for disturbed children based on a systems type approach.

> "The proposed model attempts to provide a framework for evaluating programs as social systems while not necessarily precluding more long range outcome studies. The model is evaluative in that: (1) it provides a comprehensive conceptualization of residential treatment programs... (2) it examines programs holistically and makes explicit the functioning and relative contributions of their subsystems."2/

A state may wish to use this model as a basis for analyzing and evaluating the residential treatment programs it supports. The model suggests that the following goals be considered when evaluating a residential treatment program:

> "a. Treatment. Presumably the primary goal of residential treatment programs for disturbed children is to rehabilitate them psychologically. Outcome studies have tended to emphasize this goal and have sought to assess its achievement with measures of changes in mental health, interpersonal relations, attitudes, or recidivism.
>
> b. Socialization or enculturation. Residential treatment programs and socialization experiences necessary to prepare children for adulthood by developing their job, academic, and interpersonal skills, and their personality. An assessment of the adequacy of this socialization, independently and in combination with the extent to which all goals are achieved (i.e., a goal attainment type evaluation), is necessary to assess the net success of a program.
>
> c. Custodial care of children. How well children are cared for in terms of their health, food, shelter, and living conditions.
>
> d. In-service training, developing models for similar programs, conducting research, may also need to be considered as goals in evaluating the net success of a program.

1/ Durkin and Durkin, Handbook of Evaluation Research, p. 293.
2/ Ibid., pp. 276-277.

e. Isolating disruptive individuals to protect society until they are ready to return to it."1/

Durkin and Durkin's evaluation model is based on an examination of terms and concepts such as:

- allocation of inputs;
- assessment of goal achievement;
- analysis of specific roles and their relationship to goals of the institution;
- analysis of subsytems or components of the program and their relative contributions to the program's goals;
- delineation of linkages and contracts between related suprasystems such as the community, family and service agencies;
- the degree to which processes such as communication, accountability, decision making, monitoring, coordination of activities and staff support, occur in the course of residential treatment.

States interested in conducting a comparative evaluation of the effectiveness of different types of programs may find Durkin's model useful in delineating both the commonalities of residential treatment programs and the unique configuration of specific programs. The intent of the model is to clarify what is actually occurring in a program in comparison to what is supposed to occur.

It is important that states conduct ongoing evaluations of program effectiveness of facilities in which they place children. When evaluating programs, states may also want to consider ways of resolving the problems which hindered accomplishment of the program's goals.

USE OF COST ANALYSIS

The cost of providing services to children in child care facilities is generally arrived at by using cost accounting. The requirements under Title XX specify that unit costs be related to program objectives and service goals.2/ Recognizing the difficulty of this task, Mayer et al., suggest that States provide technical assistance to institutions in this area. Costs of service may differ due to several variables. "Among the easily identifiable variables contributing to differences in cost are: the number and qualifications of staff; the number of services; the ratio of staff to the number of children in the living units; personnel policies; staff development; size of facility; rate of occupancy; and donated goods and services".3/

1/ Durkin and Durkin, Handbook of Evaluation Research, p. 323.

2/ Morris Fritz Mayer, Leon H. Richman, and Edwin A. Balcerzak, Group Care of Children: Crossroads and Transitions (New York: Child Welfare League of America, 1977), p. 222.

3/ Ibid., p. 222.

States employ a variety of approaches to compute rates of occupancy.

> "Utah and Colorado use both licensed and operational capacities. The Colorado contract requires that "the rate shall be established on the basis of the budgeted occupancy rate for the ensuing fiscal year, but shall not be less than 80% of the licensed capacity." California computes the days-of-care base as follows: "In deriving the monthly rate, the total dollar amount of the county participation base... will be divided by the greater of the following: 1) 85% of the monthly weighted average of the licensed capacity for that budget year utilized, multipled by the number of days in the year, or 2) the actual days of care rendered during the budget year utilized."1/

Differential rates of payment are usually derived on the basis of the number of different services offered and the number and qualifications of staff. These criteria are usually accepted when determining differences in cost rather than the more difficult variable of quality of service.

Accountability for financial arrangements with voluntary, proprietary, or non-profit agencies from which residential treatment, institutional services and group home care services are purchased is the state's or county's responsibility. Examination of expenditures enables a determination to be made of how funds are being spent. The following discussion will describe several methods that have been used to analyze residential group care costs.

In 1960, the Child Welfare League of America undertook a study to examine the cost of care and treatment of emotionally disturbed children in twenty-one residential treatment centers and one therapeutic day school. Cost analysis procedures, developed by Wolins, were used by seventeen of the residential centers and by the therapeutic day school. The cost analysis was conducted for the 1960-1961 fiscal year.2/

Three kinds of cost analysis were used to group and analyze expenditures:

> "by program -- a breakdown of expenditures into such categories as psychiatry, social work, special education, recreation, and general administration; by service -- expenditures related to the flow of children through the institution, in such categories as screening, intake, work with the family, aftercare; and by type of child, -- a presentation of differential costs for nine types of children and families, ranging in

---

1/ Mayer et al., Group Care of Children, p. 222, taken from Agreement: Colorado Department of Social Services, Denver, 1973, and Standards for Child Contracts, California Placement Coordinating Memo 364, May 1975.

2/ Martin Wolins, A Manual for Cost Analysis in Institutions for Children, Parts I and II (New York: Child Welfare League of America, 1962).

> combination from relatively normal to seriously disturbed."1/

In completing each kind of cost analyses, cost breakdowns were computed as a percentage of total costs, as well as on a per-child-year basis using the number of days that care was provided during the year.

The data collected from each center included:

- all expenditures for the fiscal year including estimated value of goods and services provided at no cost (imputed costs);
- the current replacement value of buildings, furnishings, equipment and vehicles;
- the number of square feet of the physical plant devoted to specified uses;
- the distribution of time spent by specified categories of staff among the various programs and services of the center, and with different types of children;
- the number of days that care was provided during the year
- the number of admissions to the institutional program and to the other programs of the center 2/

A time study was conducted for each type of cost analysis wherein staff salaries and associated costs of staff were apportioned among the various categories.

The analysis of the cost data referred to institutional expenditures, which included a uniform percentage allowance for depreciation based on the replacement value of materials, and related costs. The researchers identified both the actual and imputed expenditures for each of the centers as well as the proportion of funds expended by program and service.

The cost per child-year was "computed by dividing the total amount expended by the total number of days of care provided by the center during the year, and then multiplying the resultant per diem cost by the number of days in the year."3/ The cost of maintaining empty and unused beds was included in figuring this cost unit; therefore, the cost per bed represented the unit cost of operation with 100 percent occupancy.

1/ Lydia F. Hylton, The Residential Treatment Center: Children, Programs, and Costs (New York: Child Welfare League of America, 1964), p. 8.

2/ Hylton, The Residential Treatment Center, p. 8.

3/ Ibid., p. 167.

The costs by program included "the cost of work with the families of children in residence; the costs of screening, intake, and preadmission, and the cost of services to children in aftercare."1/

Costs by service were analyzed using the cost categories that reflected the flow of children through the institution. The categories were: intake; institutional care (work with the child); institutional care (work with the family); and aftercare. The largest proportion of expenditures went toward work with the child in residence. These costs reflect the amount of staff time spent providing care during the time study that was part of the analysis.

The cost analysis by type of child, the most complex type of cost analysis, identified both fixed cost and variable cost. Fixed costs included

> "food, clothing, and shelter; medical-dental care; general administration; general education; religion; special institutional programs; and staff time not spent in behalf of individual children. Variable costs are those that would be expected to vary according to the needs of the individual child. These include the salaries and associated costs of social work, psychiatry, psychology, special education, and residential care staff."2/

Ten residential treatment centers undertook the cost analysis by type of child. In analyzing these costs, two typologies were used: one was provided by Wolin's *Manual for Cost Analysis*; the other was a special typology for children in residential treatment developed by the researchers which enabled a more differientiated picture of children in residential group care to be obtained.

Using the Manual typology, 95% of the 348 children in residence were classified as having serious problems. However, using the special typology which appeared to be more applicable to children in residential treatment, "1/5 of the children (69) were rated as extremely aggressive... almost 1/4 of the children (84) were considered disoriented, and approximately 1/3 (118) were rated difficult to reach."3/

Classifications of children in residence were used for purposes of the cost analysis. Children classified as having "serious problems and stable family unable to cope with child" had the highest average costs using the Manual typology, while children classified as having "some problems and disturbed or unfit family" had the lowest cost. The differences in cost were related to the amount of professional staff time spent with the child.

This discussion has highlighted the cost analyses rather than specific cost breakdowns because the expenditures reported in the study refer to cost

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1/ Hylton, *The Residential Treatment Center*, p. 176.
2/ Ibid., p. 183.
3/ Ibid., p. 135.

during the period between 1959-1961. Due to inflation, the cost figures are not indicative of current cost of operation. However, the cost analysis procedures can be used by states or children's institutions to examine costs and/or to make a comparative analysis of costs among various programs.

A more recent method of measuring the cost of operating an institution for children was developed by Elkin and Cornick through funding from the Children's Bureau, DHEW.1/ The material, Analyzing Cost in a Residential Group Care Facility for Children, provides step-by-step instructions for analyzing costs in a residential group care facility. States and counties can use this material to conduct a one year cost analysis study or to make year to year comparisons. The manual can be ordered for $6.00 using publication number I-33 from:

Child Welfare League of America, Inc.
67 Irving Place
New York, New York 10003

Another publication by Elkin, Relating Program To Cost in Children's Residential Institutions, provides a method of quantifying institutional program variables and predicting costs from program variables.2/ The researchers found that a multiple regression may be used to estimate average costs for different types of programs. The following steps can be followed:

"(1) Define the population of institutions of concern;

(2) Determine cost limits within which to operate in establishing the equation;

(This study's findings can be used to estimate variance.)

(3) Randomly select the institutions to be sampled;

(4) Collect data; this study's experience can guide the design of a questionnaire, determining: Number, types, and form of variables; whether the questionnaire should be by mail, personal interview, etc.; and how to secure uniform cost data;

(5) Quantify the data -- building on the experience of this study; and

---

1/ Robert Elkin and Delroy L. Cornick, Analyzing Costs in a Residential Group Care Facility for Children: A Step-by-Step Manual (New York: Child Welfare League of America, 1969).

2/ Robert Elkin, Relating Program to Costs in Children's Residential Institutions (Washington, D.C.: The American University, 1969).

(6) Proceed to reduce the number of variables and conduct statistical analyses, using the techniques of this study unless others offered more promise."[1]

The reader is referred to the Elkin report for a more detailed discussion of the study.

EVALUATION: UTILIZATION OF FINDINGS

It is important that evaluation findings be used to make changes that result in improved services; therefore, these findings should be disseminated to program staff, program administrators and legislators. Strengths and weaknesses should be identified and recommendations for change delineated. The report should also include action steps to implement changes.

---

[1] Elkin, Relating Program to Costs, p. I-7.

CONCLUSIONS

The effective management of residential group care programs relies upon planning, resource development, implementation, monitoring, and evaluation of services by the states.

The shortage of residential group care treatment facilities for agressive or acting out children suggests the need for a spectrum of services, including group homes. Ongoing training for staff who place children in residential group care treatment settings and using institutions which have trained staff are also critical issues that must be addressed by the state. This will enable children to receive the quality care and services appropriate to their needs.

Regular monitoring of cases is important to prevent children from being placed without the benefit of a written service plan with specific goals. Monitoring of cases will help determine whether or not services are being provided as stated. A strong licensing program will prevent the use of substandard programs, combat abusive conditions, and also assist institutions in improving the quality of their programs.

Finally, the information obtained through evaluative studies gives states a base from which to plan for improved services. Hopefully, the research findings, techniques and materials presented in this section will aid states in their quest for improving and developing quality residential group care programs for children and families.

Residential/Group Care

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STATE CHILD WELFARE PROGRAM
SELF-ASSESSMENT MANUAL

VII. ADOPTION SERVICES

CHECKLIST

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

VII. ADOPTION SERVICES
Checklist

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INTRODUCTION

The State Child Welfare Program Self-Assessment Manual contains seven major sections. The first section (I) provides an introduction to the Manual, its conceptual framework, contents and use. The second section (II) addresses five management functions: Planning, Resource Development, Implementation, Monitoring, and Evaluation (which we have termed the PRIME system). The next five sections (III - VII) cover five child welfare program areas: Preventive Services, Protective Services, Foster Family Care, Residential/Group Care, and Adoption. The child welfare programs are organized within the context of the five management functions (PRIME).

The first part of the management section (Section II) and of the five child welfare program sections (Sections III - VII) consists of a self-assessment checklist. Accompanying each checklist are resource sections that highlight relevant research findings and provide a bibliography.

Definition of Adoption

Adoption services are services delivered through public social service agencies or approved voluntary adoption agencies for the purpose of providing permanent families for children who are, or are expected to be, legally free for adoption. Adoption services include: services to biological parents; recruitment activities; legal services; and pre-placement and post-placement support services to children and adoptive families.

Definitions of Management Functions

Planning is the process of developing future directions for programs and services based on analysis of past and present conditions. Topics included in this management function are the systematic assessment of need for services; the development of clear and measurable goals and objectives for child welfare programs, and the projection of resource requirements necessary for achieving program goals.

Resource Development includes those activities necessary to the development of personnel, facilities and funding to support the delivery of services as planned. Topics discussed include coordination of services, allocation of available resources through purchase of service and recruitment, financial administration, and public information activities.

Implementation refers to those activities through which the state agency provides management assistance to enable local social service agencies/offices to provide services. Topics included in this function are development and dissemination of standards, guidelines and licensing requirements, personnel administration, and staff development and training.

Monitoring refers to those activities by which the state administrator determines whether what is supposed to occur does in fact occur. Included in this function are collecting data, monitoring the provision of services, licensing activities, and using monitoring findings.

Evaluation refers to the methods, procedures, and processes used by the state agency to determine the effectiveness and efficiency of child welfare programs and services. Effectiveness is measured by determining the extent to which the program and service are meeting the objectives; efficiency is measured by the costs of achieving objectives relative to the resources expended. The purpose of evaluation is to provide objective information and analyses to help administrators and others improve their ability to make program management decisions. Topics covered in this section include organization of evaluation activities, conduct of evaluation, and utilization of evaluation findings.

Instructions for Completing the Checklist

This checklist includes a set of goals, criterion questions, and scoring materials. The validity of the self-assessment depends on frank and accurate responses. In answering the questions, draw upon your professional judgment, relevant agency data, records and reports. The term "you" in certain criterion questions is equivalent to state agency responsibility (e.g., "Do you provide supporting documentation of need in making budget requests?"). "State agency" is used in a generic sense to refer to the central division and/or department at the state or county level that is responsible for child welfare services.

The Adoption Checklist should be completed by the individual who has responsibility for adoption services. This may be the Adoption Specialist or Permanent Planning Specialist.

To obtain the self-assessment scores for this checklist, please follow the instructions below:

1. Read the goals and accompanying criterion questions.
2. Answer each criterion question by checking (✓) "YES" or "NO".
3. Some criterion questions request specific data. For these "If yes, ...? _____" questions, retrieve and enter the data.
4. Compute the Goal Achievement Score on page VII-18 to obtain the state's score for the first function, (Planning).
5. Repeat steps 1-4 for each of the remaining four management functions (Resource Development, Implementation, Monitoring and Evaluation) covered in the checklist.
6. Instructions are given on page VII-47 for obtaining the state's program management score and the visual profile depicting the scores for the five management functions.
7. Return the Goal Achievement Program Summary to your child welfare program administrator or other individual responsible for coordinating the self-assessment process.

ADOPTION GOALS

This section includes fifteen (15) goals related to the management of adoption service programs. Each goal covers one of five management functions: Planning, Resource Development, Implementation, Monitoring and Evaluation.

Planning (P) Goals

VII-P-1 The state agency ensures that the need for adoption services is assessed on a planned, periodic basis.

VII-P-2 The state agency develops goals and objectives for adoption services.

VII-P-3 The state agency develops a plan for adoption services that projects future resource requirements to meet established goals.

Resource Development (R) Goals

VII-R-1 The state agency makes provisions to ensure the coordination of adoption services with other agencies and programs that serve children and their families.

VII-R-2 The state agency assists local agencies/offices to acquire sufficient adoption services and resources to meet the determined need.

VII-R-3 The state agency informs the public of the needs of children for permanent families and the availability of services to prospective adoptive parents.

Implementation (I) Goals

VII-I-1 The state agency develops and disseminates standards, guidelines and licensing requirements for adoption services.

VII-I-2 The state agency provides staff development and training to local agencies/offices providing adoption services.

VII-I-3 The state agency provides subsidies to facilitate the adoption of children with special needs.

Monitoring (M) Goals

VII-M-1 The state agency collects data necessary to carry out adoption services monitoring activities.

VII-M-2 The state agency monitors the provision of adoption services.

VII-M-3 The state agency uses monitoring findings to help agencies correct deficiencies and improve adoption services.

VII-M-4 The state agency monitors purchase of service contract administration and determines compliance with licensing requirements.

Evaluation (E) Goals

VII-E-1 The state agency evaluates the effectiveness and efficiency of adoption services.

VII-E-2 The state agency promotes the use of evaluation results.

VII. ADOPTION SERVICES

Planning - Needs Assessment

Goal VII-P-1: The state agency ensures that the need for adoption services is assessed on a planned, periodic basis.

Criterion Questions:

1. Is there a written procedure for conducting assessments of need for adoption services? ___ YES ___ NO

2. Have you defined all the tasks and activities necessary to the provision of adoption services? ___ YES ___ NO

3. Is there a unit or individual that conducts needs assessment studies for adoption services? ___ YES ___ NO

4. Do you use more than one methodology in conducting needs assessment studies (e.g., citizen survey, key informant, client services data, secondary sources)? ___ YES ___ NO

5. Do you conduct these studies on a planned, periodic basis? ___ YES ___ NO

   If yes, how often? ____________

6. Have you defined the information needed in order to plan for adoption services? ___ YES ___ NO

7. Does this information include the following (for the state or region):

   a. The number of children placed in adoption in the past year? ___ YES ___ NO

      If yes, what is the number? _______

   b. The number of adoptions finalized in the past year? ___ YES ___ NO

      If yes, what is the number? _______

   c. The number of children freed for adoption who remain in temporary placement? ___ YES ___ NO

      If yes, what is the number? _______

VII. ADOPTION SERVICES

Planning - Needs Assessment

Criterion Questions: (Cont'd)

d. Breakdown by age groups of children placed in adoption (e.g., 0-3 years old, 4-6 years old, 7-10 years old, etc.)?

____ YES ____ NO

e. Breakdown by special needs of children freed for adoption and awaiting adoptive placement?

____ YES ____ NO

If yes, what is the number in each category?

Over 6 years old? ______
Handicapped? ______
Minority? ______
Sibling group? ______

f. The number of children for whom the case goal is adoption but who are not legally free?

____ YES ____ NO

If yes, what is the number? ______

g. The number of foster parent adoptions completed in the past year?

____ YES ____ NO

If yes, what is the number? ______

h. The number of subsidized adoptions completed in the past year?

____ YES ____ NO

If yes, what is the number? ______

i. The number of independent adoptions completed in your state in the past year?

____ YES ____ NO

If yes, what is the number? ______

VII. ADOPTION SERVICES

Planning - Needs Assessment

Criterion Questions: (Cont'd)

8. Does your needs assessment process include a method for obtaining input from relevant community groups (e.g., consumers of service, local service providers and adoptive parents' organizations)?

___ YES ___ NO

9. When possible do you coordinate your studies with those conducted by other state agencies or organizations?

___ YES ___ NO

10. Do you analyze the needs assessment data you collect to:

    a. Identify the unmet needs for adoption services?

    ___ YES ___ NO

    b. Determine the potential of existing resources to meet the need for services?

    ___ YES ___ NO

Planning - Goal Setting

Goal VII-P-2: The state agency develops goals and objectives for adoption services.

Criterion Questions:

1. Do you have a formal procedure for setting statewide goals and objectives for adoption services? ___ YES ___ NO

   If yes, how often is this done? _______

2. Have you established, at a minimum, the following goals or objectives for adoption services:

   a. To increase the number of adoptive families for children with special needs? ___ YES ___ NO

   b. To increase the number of adoptive placements of children free for adoption? ___ YES ___ NO

   c. To legally free for adoption all children for whom adoption is the case goal? ___ YES ___ NO

3. Are state adoption specialists involved in setting adoption service goals and objectives? ___ YES ___ NO

4. Do you regularly obtain input from line adoption staff in formulating program goals and objectives? ___ YES ___ NO

5. Are all adoption service goals and objectives consistent with:

   a. Child Welfare League of America standards? ___ YES ___ NO

   b. Accepted professional practice? ___ YES ___ NO

6. Do you use needs assessment findings in developing goals and objectives? ___ YES ___ NO

VII. ADOPTION SERVICES

Planning - Goal Setting

Criterion Questions: (Cont'd)

7. Do goal statements include a time schedule for goal achievement?
____ YES ____ NO

8. Are goals realistic and achievable as stated?
____ YES ____ NO

9. Do you use indicators to determine the extent to which goals have been achieved?
____ YES ____ NO

10. Do you have a formal method for prioritizing adoption service goals?
____ YES ____ NO

11. Do you review goals and objectives on a periodic basis to determine whether they are still applicable?
____ YES ____ NO

VII. ADOPTION SERVICES

Planning - Projecting Resource Needs

Goal VII-P-3: The state agency develops a plan for adoption services that projects future resource requirements to meet established goals.

Criterion Questions:

1. Do you have a plan that projects adoption service resource requirements (e.g., personnel, facilities and equipment, funding) on an annual or biennial basis? ____ YES ____ NO

2. Do you use needs assessment data in projecting future resource requirements? ____ YES ____ NO

3. Does your plan include resource projections to meet the adoption services needs of special groups, such as:

   a. Urban populations? ____ YES ____ NO

   b. Rural populations? ____ YES ____ NO

   c. Minority families (Blacks, Native Americans, Hispanics, Asians)? ____ YES ____ NO

   d. Migrant families? ____ YES ____ NO

   e. Military families? ____ YES ____ NO

   f. Handicapped children and their families (e.g., mentally retarded, physically handicapped, emotionally disturbed)? ____ YES ____ NO

4. Have you analyzed the policy implications of your adoption services plan in regard to:

   a. Availability of qualified personnel? ____ YES ____ NO

   b. Possible statutory constraints? ____ YES ____ NO

   c. Political constraints? ____ YES ____ NO

VII. ADOPTION SERVICES

Planning - Projecting Resource Needs

Criterion Questions: (cont'd)

d. Community values and norms? ____ YES ____ NO

e. Financial constraints? ____ YES ____ NO

5. If needs assessment data indicate that adoption service needs are not fully met, does your plan include ways to correct the deficiency? ____ YES ____ NO

6. Do you use the findings of evaluation studies in developing your plan for adoption services? ____ YES ____ NO

Goal Achievement Score: Planning function of the ADOPTION SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
VII-P-1	________	divided by 19 =	________
VII-P-2	________	divided by 14 =	________
VII-P-3	________	divided by 15 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = $\boxed{\quad\quad \%}$

(Your state's Goal Achievement Score

on the Planning function of the

ADOPTION SERVICES Program)

VII. ADOPTION SERVICES

Resource Development - Through Coordination of Services and Exchange of Information

Goal VII-R-1: The state agency makes provisions to ensure the coordination of adoption services with other agencies and programs that serve children and their families.

Criterion Questions:

1. Do you have a person, unit or group responsible for coordination of adoption services?
   ___ YES ___ NO
2. Do you provide for exchange of information among public and voluntary agencies providing adoption services throughout your state or region?
   ___ YES ___ NO
3. Have you developed policies and procedures for sharing information on children and prospective adoptive families among referring agencies?
   ___ YES ___ NO
4. Do you have an advisory committee that assists the state in coordinating the provision of child welfare services?
   ___ YES ___ NO
5. Does this committee include representatives from the following groups:
   a. Voluntary organizations? ___ YES ___ NO
   b. Volunteer groups? ___ YES ___ NO
   c. Professional associations? ___ YES ___ NO
   d. Citizen and consumer groups? ___ YES ___ NO
6. Do you have written agreements regarding service responsibilities with each state agency that serves children and their families (e.g., mental health, public health, juvenile justice, voluntary sector)?
   ___ YES ___ NO

VII. ADOPTION SERVICES

Resource Development - Through Coordination of Services and Exchange of Information

Criterion Questions: (cont'd)

7. Do you assist local public social services agencies to develop cooperative agreements with:

   a. Public health departments? ___ YES ___ NO

   b. Community mental health centers? ___ YES ___ NO

   c. Voluntary adoption agencies? ___ YES ___ NO

   d. Volunteer groups and community service organizations? ___ YES ___ NO

   e. Family service agencies? ___ YES ___ NO

   f. Family planning clincis? ___ YES ___ NO

   g. Hospitals and health clinics? ___ YES ___ NO

8. Do inter-agency cooperative agreements include provisions for:

   a. Making inter-agency referrals? ___ YES ___ NO

   b. Feedback to referring agency on whether client makes contact? ___ YES ___ NO

   c. Home studies of all families seeking to adopt a child? ___ YES ___ NO

   d. Annual review of agreements? ___ YES ___ NO

   e. Joint funding of projects, where applicable? ___ YES ___ NO

   f. Joint staff development, where appropriate? ___ YES ___ NO

9. Do you provide written guidelines to all local agencies/offices on the use of inter-agency agreements? ___ YES ___ NO

VII. ADOPTION SERVICES

Resource Development - Through Coordination of Services and Exchange of Information

Criterion Questions: (cont'd)

10. Do you determine whether guidelines are followed by local agencies/offices?

___ YES ___ NO

11. Have you developed policies and procedures for sharing costs when children are placed in families studied by another agency?

___ YES ___ NO

ADOPTION EXCHANGES

12. Do you have a person, unit or group responsible for operating a statewide adoption exchange?

___ YES ___ NO

13. Does this adoption exchange maintain a list of:

    a. Children in need of adoption?

    ___ YES ___ NO

    b. Approved adoptive families?

    ___ YES ___ NO

14. Do you also disseminate throughout the state a volume of pictures and brief descriptions of children in need of adoptive homes?

___ YES ___ NO

15. Are changes in the availability of listed children and families recorded immediately?

___ YES ___ NO

16. Is information on listed families and children easily accessible to adoption workers throughout the state (e.g., toll-free telephone number, picture-listing volumes)?

___ YES ___ NO

17. Do you obtain regular feedback from local agencies regarding the usefulness of the exchange?

___ YES ___ NO

18. Do you also place information about children in need of homes in national and regional adoption exchanges?

___ YES ___ NO

VII. ADOPTION SERVICES

Resource Development - Through Purchase and Recruitment

Goal VII-R-2: The state agency assists local agencies/offices to acquire sufficient adoption services and resources to meet the determined need.

Criterion Questions:

PURCHASE OF SERVICES

1. Is there one person or unit at the state office who is responsible for providing technical assistance to local agencies/offices regarding purchase of adoption services? ____ YES ____ NO

2. Have you developed criteria for deciding which adoption services will be provided directly and which services will be purchased? ____ YES ____ NO

3. In making a decision to purchase services, are the following variables considered:

    a. Reasonable cost? ____ YES ____ NO

    b. Demonstrated capability and experience? ____ YES ____ NO

    c. Sound financial management? ____ YES ____ NO

    d. Quality of service? ____ YES ____ NO

4. Do you use a competitive bidding process, if appropriate, for deciding from which providers services will be purchased? ____ YES ____ NO

5. Does your reimbursement procedure for purchased services include definitions of:

    a. Units of service? ____ YES ____ NO

    b. Unit costs for each service? ____ YES ____ NO

    c. Acceptable quality of services? ____ YES ____ NO

VII. ADOPTION SERVICES

Resource Development - Through Purchase and Recruitment

Criterion Questions: (cont'd)

RECRUITMENT

6. Do you assist local agencies/offices to develop sufficient service resources to meet identified need? ___ YES ___ NO

7. Do you recruit, or assist in the recruitment of, the following professional specialists to provide services to child welfare clients (on a fee basis, if necessary):

   a. Physicians (including psychiatrists)? ___ YES ___ NO

   b. Psychologists? ___ YES ___ NO

   c. Dentists? ___ YES ___ NO

   d. Attorneys? ___ YES ___ NO

   e. Educational specialists? ___ YES ___ NO

   f. Family therapists? ___ YES ___ NO

8. Do you provide local agencies/offices with materials to assist them in recruiting needed resources? ___ YES ___ NO

9. Do you encourage all local offices/agencies to:

   a. Recruit adoptive homes for children with special needs? ___ YES ___ NO

   b. Use mass media publicity to recruit families? ___ YES ___ NO

   c. Be prepared to respond promptly to inquiries of propective adoptive parents? ___ YES ___ NO

10. Do you collaborate with adoptive parent groups in your state? ___ YES ___ NO

VII. ADOPTION SERVICES

Resource Development - Through Purchase and Recruitment

Criterion Questions: (cont'd)

11. Do you provide technical assistance and training to local agencies/offices on recruitment of adoptive parents?

    ____ YES ____ NO

12. Do you encourage local agencies/offices to use adoptive parent volunteers in their recruitment and training programs?

    ____ YES ____ NO

13. Do you know the average length of time it takes local agencies/offices to respond to applications from prospective adoptive parents?

    ____ YES ____ NO

    If yes how long? ____________

14. Do you ensure that agencies/offices maintain regular contact with approved families while they await placement?

    ____ YES ____ NO

15. Do you assess the effectiveness of local agencies'/offices' recruitment activities?

    ____ YES ____ NO

VII. ADCPTION SERVICES

Resource Development- Through Public Information

Goal VII-R-3: The state agency informs the public of the needs of children for permanent families and the availability of services to prospective adoptive parents.

Criterion Questions:

1. Do you have an individual or unit responsible for informing the public regarding adoption services? ____ YES ____ NO

2. Do you meet regularly with the following groups to inform them of the needs of children and the services available:

    a. Legislators and legislative committees? ____ YES ____ NO

    b. Community groups? ____ YES ____ NO

    c. Child and family advocacy groups? ____ YES ____ NO

    d. Professional organizations interested in the welfare of children in your state? ____ YES ____ NO

3. Do you respond promptly to requests for information from the public (e.g., legislators and the media)? ____ YES ____ NO

4. Do you utilize the following methods to provide information to the public:

    a. Television and radio spots? ____ YES ____ NO

    b. Newspapers? ____ YES ____ NO

    c. Pamphlets and brochures? ____ YES ____ NO

    d. Films and slides? ____ YES ____ NO

    e. Billboards and posters? ____ YES ____ NO

    f. Presentations by adoptive parents? ____ YES ____ NO

VII. ADOPTION SERVICES

Resource Development- Through Public Information

Criterion Questions: (cont'd)

5. Do you ensure that local agencies provide specific information to the public on the following:

    a. Application procedures for adoption? ____ YES ____ NO

    b. Costs of adoption? ____ YES ____ NO

    c. Eligibility criteria? ____ YES ____ NO

    d. Usual length of time to complete adoption process? ____ YES ____ NO

    e. Types of children needing adoptive homes? ____ YES ____ NO

    f. Adoption subsidies? ____ YES ____ NO

6. Do you specifically target your adoption information and education program to the following:

    a. Hospitals and clinics? ____ YES ____ NO

    b. Family planning clinics? ____ YES ____ NO

    c. Voluntary social services agencies? ____ YES ____ NO

    d. Mental health centers? ____ YES ____ NO

Goal Achievement Score: Resource Development function of the ADOPTION SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
VII-R-1	________	divided by 33 =	________
VII-R-2	________	divided by 27 =	________
VII-R-3	________	divided by 22 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = $\boxed{\qquad\%}$

(Your state's Goal Achievement Score

on the Resource Development function of

the ADOPTION SERVICES Program)

VII. ADOPTION SERVICES

Implementation - Standards

Goal VII-I-1: The state agency develops and disseminates standards, guidelines and licensing requirements for adoption services.

Criterion Questions:

1. Do you have standards, guidelines and licensing requirements for adoption services?
   ____ YES ____ NO

2. Do you regularly review standards, guidelines and licensing requirements to ensure that they are consonant with the following:

   a. Federal and state legislation regarding these services?
      ____ YES ____ NO

   b. Community norms and values?
      ____ YES ____ NO

   c. Practice guidelines established by professional organizations?
      ____ YES ____ NO

3. Are the following services available to all children and prospective adoptive parents throughout your state or region:

   a. Home studies?
      ____ YES ____ NO

   b. Pre-placement planning?
      ____ YES ____ NO

   c. Legal services?
      ____ YES ____ NO

   d. Diagnostic evaluations?
      ____ YES ____ NO

   e. Adoptive parent training?
      ____ YES ____ NO

   f. Post-placement counseling?
      ____ YES ____ NO

4. Do standards for adoption service include:

   a. The maximum length of time within which an adoptive home study should be completed?
      ____ YES ____ NO

      If yes, what is the maximum period allowed? ____________

Criterion Questions: (cont'd)

b. Minimum number of home visits which must be made between the time a child is placed and the time the adoption is finalized? ____ YES ____ NO

If yes, what is the number of visits?

____

5. Do you ensure that sufficient legal services are available to:

a. Promptly free children for whom the service plan is adoption? ____ YES ____ NO

b. Promptly finalize adoptions (e.g., within a year of placement)? ____ YES ____ NO

6. Is your state a signatory of the Interstate Compact on the Placement of Children? ____ YES ____ NO

7. Do you ensure that children placed out of state are always placed according to the terms of the Interstate Compact? (Answer NO if you are not a signatory of the Compact.) ____ YES ____ NO

8. Within the past year, have you requested input regarding the impact of standards and licensing requirements on service provision from:

a. Public agencies? ____ YES ____ NO

b. Voluntary agencies? ____ YES ____ NO

c. Citizens and consummers? ____ YES ____ NO

9. Where applicable, do standards reference the legislation on which they are based? ____ YES ____ NO

10. Do you advocate for or against state bills, based on your review of pending child welfare legislation? ____ YES ____ NO

VII. ADOPTION SERVICES

Implementation - Staff Development and Training

Goal VII-I-2: The state agency provides staff development and training to local agencies/offices providing adoption services.

Criterion Questions:

1. Do you have a method of identifying the staff development and training needs of local agencies/offices?
   ____ YES ____ NO

2. Is there a person or unit responsible for coordinating and providing staff development and training in areas of identified need?
   ____ YES ____ NO

3. Do you inform every local agency/office of the person at the state level who is responsible for providing information on staff development and training activities?
   ____ YES ____ NO

4. Do you use federal matching funds for training of adoption services staff?
   ____ YES ____ NO

5. Do you provide specialized training programs for adoption staff?
   ____ YES ____ NO

6. Are staff development and training opportunities available in agencies from which you purchase services?
   ____ YES ____ NO

7. Do you assist colleges and universities in developing course work relevant to adoption services?
   ____ YES ____ NO

8. Do you provide funds for:

   a. Staff to attend university workshops, seminars, and courses?
      ____ YES ____ NO

   b. Educational leave for graduate training?
      ____ YES ____ NO

   c. Participation in professional conferences and meetings?
      ____ YES ____ NO

VII. ADOPTION SERVICES

Implementation - Staff Development and Training

Criterion Questions: (cont'd)

9. Do you work with local staff:

   a. To set training priorities? ____ YES ____ NO

   b. To design in-service training programs? ____ YES ____ NO

   c. To disseminate new training materials for adoption services staff? ____ YES ____ NO

10. Do you require all adoption staff to participate in at least one in-service training program each year? ____ YES ____ NO

11. Do you assess your staff development and training in the following ways:

    a. Number of training programs offered? ____ YES ____ NO

    b. Number of staff attending? ____ YES ____ NO

    c. Systematic feedback regarding satisfaction with the programs? ____ YES ____ NO

12. Have you developed education and training programs for prospective adoptive parents? ____ YES ____ NO

13. Do you provide consultation to local staff development personnel regarding design and presentation of adoptive parent education programs? ____ YES ____ NO

14. Do you encourage local staff to involve adoptive parent volunteers in the design and conduct of adoptive parent education programs? ____ YES ____ NO

VII. ADOPTION SERVICES

Implementation - Subsidized Adoption

Goal VII-I-3: The state agency provides subsidies to facilitate the adoption of children with special needs.

Criterion Questions:

1. Do you have a state law which provides public financial subsidy for the adoption of all children with special needs?
   ___ YES ___ NO

2. Are reasonable efforts made to place a child first without subsidy payment?
   ___ YES ___ NO

3. Is subsidized adoption considered to enable foster parents to adopt foster children, when this is determined to best meet the child's needs?
   ___ YES ___ NO

4. Are the needs of the child (not the financial status of the adoptive parents) the primary determinant of the decision to approve a subsidy?
   ___ YES ___ NO

5. Does the written agreement between the adoptive parents and the state spell out the respective responsibilities of each party and the nature and duration of the subsidy payments?
   ___ YES ___ NO

6. Do subsidies:
   - a. Cover medical care for a child with a known condition that is not covered by insurance?
     ___ YES ___ NO
   - b. Continue until a child reaches majority?
     ___ YES ___ NO
   - c. Continue with a child across state lines?
     ___ YES ___ NO

7. Are application procedures consistent throughout the state?
   ___ YES ___ NO

8. Are subsidies approved or disapproved within two months of application?
   ___ YES ___ NO

VII. ADOPTION SERVICES

Implementation - Subsidized Adoption

Criterion Questions: (cont'd)

9. Do you collect data on:

   a. The characteristics of children and families receiving subsidies to determine whether subsidies are helping those whom they were designed to help?

   ____ YES ____ NO

   b. The utilization rates to determine whether subsidies are a significant factor in moving children out of temporary care?

   ____ YES ____ NO

   c. Program costs to determine the cost-effectiveness of subsidized adoption?

   ____ YES ____ NO

Goal Achievement Score: Implementation function of the ADOPTION SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
VII-I-1	________	divided by 21 =	________
VII-I-2	________	divided by 20 =	________
VII-I-3	________	divided by 13 =	________
		Total =	________

Total multiplied by $\frac{100}{3}$ = ☐ %

(Your state's Goal Achievement Score on the Implementation function of the ADOPTION SERVICES Program)

VII. ADOPTION SERVICES

Monitoring - Data Collection

Goal VII-M-1: The state agency collects data necessary to carry out adoption services monitoring activities.

Criterion Questions:

1. Do you have resources to collect the data to meet your monitoring objectives, including:
    - a. Management information system? ___ YES ___ NO
    - b. Data processing capability? ___ YES ___ NO
    - c. Clerical and support staff? ___ YES ___ NO
    - d. Analytic staff? ___ YES ___ NO
    - e. Staff to conduct site visits? ___ YES ___ NO
2. Is there one individual or unit that is responsible for collecting monitoring data on adoption services activities? ___ YES ___ NO
3. Are local staff involved in:
    - a. Decisions regarding which data are to be collected? ___ YES ___ NO
    - b. Decisions regarding frequency of reporting? ___ YES ___ NO
    - c. Establishment of procedures for collecting data? ___ YES ___ NO
    - d. Development of data reporting forms? ___ YES ___ NO
4. Do you use all data that are collected? ___ YES ___ NO
5. Do you consolidate reporting requirements to eliminate duplication? ___ YES ___ NO

VII. ADOPTION SERVICES

Monitoring - Data Collection

Criterion Questions: (cont'd)

6. Are reporting forms regularly reviewed to:

   a. Update data requirements ____ YES ____ NO

   b. Delete obsolete items? ____ YES ____ NO

7. Do you always inform local staff of the reasons for changes in reporting requirements? ____ YES ____ NO

8. Do you make periodic site visits to:

   a. Review a sample of case records? ____ YES ____ NO

   b. Observe the accuracy of data collection procedures? ____ YES ____ NO

9. Do you give local agencies/offices summaries of relevant data they have reported? ____ YES ____ NO

   If yes, how often? ______________

10. At a minimum, do you collect the following data:

   a. Number of children receiving adoption services? ____ YES ____ NO

   b. Number of children free for adoption? ____ YES ____ NO

   c. Number of children for whom adoption is the case goal? ____ YES ____ NO

   d. Demographic characteristics of the above clients? ____ YES ____ NO

   e. The number of children placed in adoptive homes in the past year? ____ YES ____ NO

   f. The number of adoptions finalized in the past year? ____ YES ____ NO

VII. ADOPTION SERVICES

Monitoring - Service Provision

Goal VII-M-2: The state agency monitors the provision of adoption services.

Criterion Questions:

1. Is there an individual or unit responsible for:
    a. Conducting monitoring activities? YES NO
    b. Analyzing the data on services provided? YES NO
2. Do you use objective measures to identify deficiencies in:
    a. Program management? YES NO
    b. Service delivery? YES NO
    c. Facilities? YES NO
3. Do you periodically review a random sample of local agency case records? YES NO
4. Do your monitoring activities enable you to identify:
    a. The number of children for whom adoption is the case goal but who are not legally free? YES NO
    b. The average length of time a child remains free for adoption before placement? YES NO
    c. The adoption disruption rate? YES NO
    d. The costs of adoptive placements? YES NO
5. Do you provide assistance to local agencies in monitoring:
    a. Purchase of service contracts? YES NO
    b. Approved voluntary agencies? YES NO
6. Do you provide assistance to local agencies in conducting their licensing activities? YES NO

VII. ADOPTION SERVICES

Monitoring - Utilization of Findings

Goal VII-M-3: The state agency uses monitoring findings to help agencies correct deficiencies and improve adoption services.

Criterion Questions:

1. Do you give local agencies/offices summaries of relevant data they have reported?

   ___ YES ___ NO

2. Do you inform local agencies/offices in writing of the positive and negative findings of your monitoring activities?

   ___ YES ___ NO

3. Do you determine the reasons for agency deficiencies?

   ___ YES ___ NO

4. Is there a formal procedure for agencies to follow in responding to a report of negative findings?

   ___ YES ___ NO

5. Do you offer recommendations to help agencies correct deficiencies and improve services?

   ___ YES ___ NO

6. Do you provide technical assistance and consultation to enable agencies to correct deficiencies and improve services?

   ___ YES ___ NO

VII. ADOPTION SERVICES

Monitoring - Purchase of Service and Licensing

Goal VII-M-4: The state agency monitors purchase of service contract administration and determines compliance with licensing requirements.

Criterion Questions:

PURCHASE OF SERVICE

1. Is there one individual or unit responsible for monitoring purchase of service contracts? ____ YES ____ NO

2. Do contracts specify the requirements for accountability of both the purchaser and provider of services? ____ YES ____ NO

3. Do contract monitoring procedures include:

   a. Monthly progress reports by provider? ____ YES ____ NO

   b. Periodic on-site monitoring? ____ YES ____ NO

   c. Statement of corrective action to be taken in cases of non-compliance? ____ YES ____ NO

4. Does the state agency reserve the right to audit the accounts of facilities from which it purchases services? ____ YES ____ NO

LICENSING

5. Is there one individual or unit responsible for monitoring compliance with licensing or approval requirements? ____ YES ____ NO

5. Do you have written procedures specifying the conditions under which licenses or approvals are:

   a. Granted? ____ YES ____ NO

   b. Denied? ____ YES ____ NO

   c. Revoked? ____ YES ____ NO

   d. Suspended? ____ YES ____ NO

Criterion Questions: (cont'd)

7. Do you give agencies that are out of compliance a specified time period to take corrective action?

   ___ YES ___ NO

8. Do you offer recommendations to help agencies/facilities correct deficiencies?

   ___ YES ___ NO

9. Are there procedures for filing an appeal against denial or revocation of licenses?

   ___ YES ___ NO

Goal Achievement Score: Monitoring function of the ADOPTION SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
VII-M-1	__________	divided by 24 =	__________
VII-M-2	__________	divided by 13 =	__________
VII-M-3	__________	divided by 6 =	__________
VII-M-4	__________	divided by 14 =	__________
		Total =	__________

Total multiplied by $\frac{100}{4}$ = $\boxed{\qquad \%}$

(Your state's Goal Achievement Score

on the Monitoring function of the

ADOPTION SERVICES Program)

VII. ADOPTION SERVICES

Evaluation - Conduct of Evaluation Studies

Goal VII-E-1: The state agency evaluates the effectiveness and efficiency of adoption services.

Criterion Questions:

1. Before formal program evaluations are initiated, are adoption services assessed to determine whether:

    a. Goals and/or objectives are stated in measurable terms?
    ____ YES ____ NO

    b. A data collection system has been established?
    ____ YES ____ NO

    c. Descriptive program data are routinely collected?
    ____ YES ____ NO

    d. Outcome measures have been established?
    ____ YES ____ NO

2. Do evaluation staff recommend necessary changes if the above criteria (a-d) for evaluating services are inadequate or missing?
    ____ YES ____ NO

3. Are evaluation studies conducted to:

    a. Determine whether adoption services are achieving their stated goals and objectives?
    ____ YES ____ NO

    b. Compare the outcomes (i.e., extent of goal achievement) of adoption services in different parts of the state or region?
    ____ YES ____ NO

4. Have units of service been defined for adoption services?
    ____ YES ____ NO

5. Are there procedures for computing costs of units of service?
    ____ YES ____ NO

VII. ADOPTION SERVICES

Evaluation - Conduct of Evaluation Studies

Criterion Questions: (cont'd)

6. Are cost analysis studies conducted to:

   a. Determine the cost of achieving desired outcomes?

   ____ YES ____ NO

   b. Determine the cost effectiveness of alternative programs?

   ____ YES ____ NO

7. Is there a plan to evaluate all adoption services?

   ____ YES ____ NO

8. Are new adoption services and demonstration projects designed to include an evaluation component?

   ____ YES ____ NO

9. Is technical assistance provided to local agencies/offices in designing and conducting adoption services research studies?

   ____ YES ____ NO

10. Does the state agency encourage local agencies/offices to conduct:

    a. Self-assessment activities?

    ____ YES ____ NO

    b. Surveys of client satisfaction with services?

    ____ YES ____ NO

VII. ADOPTION SERVICES

Evaluation - Utilization of Evaluation Results

Goal VII-E-2: The state agency promotes the use of evaluation results.

Criterion Questions:

1. Are findings of evaluation studies presented to key individuals including:
    a. Program staff? ___ YES ___ NO
    b. Program administrators? ___ YES ___ NO
    c. Legislators? ___ YES ___ NO
2. Are various methods used to disseminate evaluation results, (e.g., memos, printed reports, briefings, direct contact)? ___ YES ___ NO
3. Are findings of evaluation studies made available to decision makers when program and budget decisions are being made? ___ YES ___ NO
4. Do evaluation reports include:
    a. Recommendations for change? ___ YES ___ NO
    b. Action steps necessary to implement the change? ___ YES ___ NO
5. Are program staff encouraged to respond in writing to evaluation reports regarding:
    a. Their interpretation of evaluation findings? ___ YES ___ NO
    b. Their recommendations for changes? ___ YES ___ NO
6. Is technical assistance provided to local agencies/offices to implement agreed upon changes? ___ YES ___ NO
7. Are the recommendations of adoption services evaluation studies incorporated in child welfare program plans? ___ YES ___ NO

Goal Achievement Score: Evaluation function of the ADOPTION SERVICES Program

Provided below is a method of determining the extent to which your state has achieved the goals in this area.

The procedure has 2 parts. First, fill in the blanks in the column labeled "# of YES Responses" with the number of times a "YES" answer was given for each of the goals in this section. If, in going back through the pages in this section you found five instances in which a "YES" response was given to criterion questions measuring the first goal, you would place a "5" in the blank space next to that first goal. When counting the number of responses scored "YES", count each part of each question as a separate item. For example, if a criterion question has part "a", part "b" and part "c" you could count up to three "YES" responses for that criterion question if you had answered "YES" to all three parts.

After you have filled in the number of "YES" responses for each goal in this section, the second step is to carry out the arithmetic indicated. The score may be interpreted as the degree to which the goals in this area have been achieved as measured in percentage terms, i.e., a score of 75 would mean that a goal was 75 percent achieved.

Goal	# of YES Responses		
VII-E-1	________	divided by 16 =	________
VII-E-2	________	divided by 11 =	________
		Total =	________

Total multiplied by $\frac{100}{2} = \boxed{\qquad\qquad \%}$

(Your state's Goal Achievement Score

on the Evaluation function of the

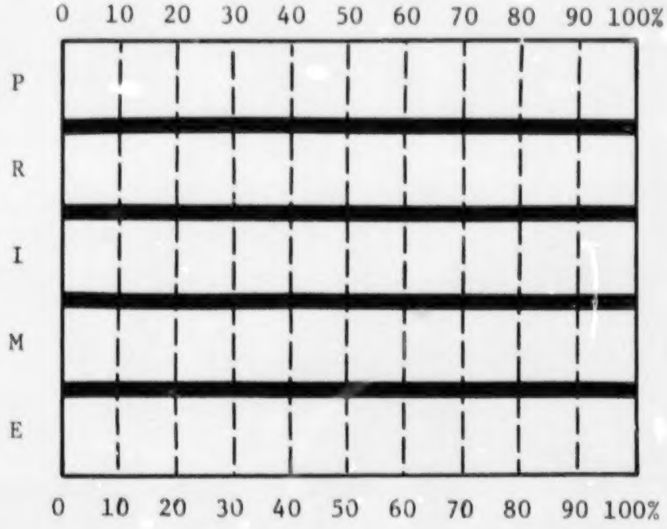
ADOPTION SERVICES Program)

Goal Achievement Program Summary for the ADOPTION SERVICES Program

The chart and profile below provide a summary of the ADOPTION SERVICES Program in your state. Fill in the chart below, entering the scores from the goal achievement summaries you have already completed (see page references provided below). To complete the Visual Profile, draw a line at the point in the column that corresponds to the score for each of the five (5) management functions. For example, if your state's score for the Planning (P) function were 65, you would draw a vertical line halfway between 60 and 70 to the right of the P (Planning) function on the profile. Fill in the space up to that line with a pen or pencil, as in a bar chart. The shaded areas depict the percentage of achievement for each management function. The unshaded area shows the remaining percentage to be achieved to obtain a perfect score (100%).

Function	Page	Goal Achievement Score
(P) Planning	(VII-18)	_____
(R) Resource Development	(VII-27)	_____
(I) Implementation	(VII-34)	_____
(M) Monitoring	(VII-41)	_____
(E) Evaluation	(VII-45)	_____

VISUAL PROFILE: ADOPTION SERVICES



STATE CHILD WELFARE PROGRAM
SELF-ASSESSMENT MANUAL

VII. ADOPTION SERVICES

RESOURCE SECTION

July 1979
Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D. C. 20013

VII. ADOPTION SERVICES

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VII. ADOPTION SERVICES RESOURCE SECTION

INTRODUCTION

Adoption services are defined in this Manual as those activities provided through a public social service agency or by a licensed voluntary adoption agency, for the purpose of obtaining a permanent family for a child who is, or is expected to be, legally free for adoption. Adoption services comprise social work and other professional services that are required for the placement of children in adoptive families, and for facilitation of the long-term adjustment of all parties involved in an adoption. For example, services to biological parents, recruitment activities, and legal services may be considered adoption services.

Wide variation exists across states in their definitions of adoption related activities, and the ways in which adoption services are organized. In some states, completion of the various tasks which are associated with the adoption process is the responsibility of a central unit at the state level, while in other states these responsibilities may be delegated to each county department of social services. Often, some activities such as home studies must be accomplished by county workers, while approval of families for individual children, placement, and follow-up may be activities carried out by the state adoption workers. This Manual will address the issues relating to the management, guidance and support of a statewide adoption program. State adoption program specialists may wish to refer to the Adoption Services Checklist and Resource Section in the Local Child Welfare Services Self-Assessment Manual 1/ for material related to direct service activities.

As with other social services, traditional views on adoption practice have recently undergone dramatic changes. These changes have resulted in a pool of adoptable children with decidedly different characteristics from those considered for adoption only a few years ago. Results of the Westat Study indicate that about 6% of the approximately 1.8 million children receiving social services nationally are free for adoption, while 5% have "adoptive placement" stated as their case goal.2/ Cole estimates that more than 30% of the 504,000 children in foster care 3/ in this country would be more appropriately placed in adoption, and further emphasizes that with proper technology, families can be recruited to adopt these children.4/ Most

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1/ Martin Sundel, Carolyn Clark Homan, Juanita D. Lucas, Geraldine Burt, Jean E. Clarren. Local Child Welfare Services Self-Assessment Manual (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978.)

2/ See Ann W. Shyne and Anita G. Schroeder. National Study of Social Services to Children and Their Families (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978), pp. 125-133.

3/ Foster care is defined as any form of 24-hour care outside the home of parents or relatives, including boarding homes, group homes and institutions.

4/ Elizabeth Cole, "Adoption Services Today and Tommorrow," in Child Welfare Strategy in the Coming Years, ed. Carl Schoenberg (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978), p. 147. Publication No. OHDS 78-3015-8.

adoptable children currently reside in foster family homes, although some are also placed in group homes, residential treatment centers and institutions. While a majority of the children in foster care are white and under 11 years of age, a disproportionate number are of other than caucasian ethnic origin and are between 11 and 17 years of age. Approximately 90% of the children presently free to be adopted are considered "special" because of some characteristic such as minority status, age, physical or emotional handicaps, or belonging to a sibling group. As children wait for months and years to be legally freed and adopted, these special characteristics tend to make them increasingly hard to place.

The assumptions on which this section is based are several:

"1. All children, regardless of their age, sex, race physical, intellectual or emotional status, are entitled to a continuous nurturant environment.

2. For most children, the family in its broadest definition provides the best environment for this nurturance.

3. When a child's birth family is not willing or able to nurture him or her, he or she is entitled to timely placement with a family who will.

4. For most children, adoption provides this family better than any other type of substitute parenting.

5. Adoption is and will continue over the next ten years to be the most cost-effective, as well as the best, method of substitute parenting which can be used as a child welfare service.

6. Adoption is a means of finding homes for children and not finding children for families. The emphasis is on the child's needs."1/

The experience of increasing numbers of innovative adoption programs is that families can be found for all adoptable children. What is needed is commitment - at the national level, at the state level, and at the local level; cooperation between the public and private sectors; and improved management of programs and cases.

1/ Cole, "Adoption", p. 133.

PLANNING: NEEDS ASSESSMENT

Assessment of the need for adoption services can best be accomplished by examining several areas of interest: foster care caseloads, illegitimate birth rates, independent adoptions, and the state adoption exchange, if available. In order to effectively estimate the actual need for adoption services in a state, comprehensive review of all children placed in foster care, both within the state as well as outside the state, may be necessary. In addition, an assessment of the rate of illegitimate births and the incidence of independent adoptions may be desirable. In the process of assessing need, any existing central listing of available children and approved families should be reviewed. It may be important to identify whether the families that have been recruited are probable sources of homes for the types of children that are currently in need of adoption.

A comprehensive effort to assess need for adoption services will necessarily involve several groups of individuals. Valuable input to the statewide planning process may be obtained from both state and local level adoption staff, as well as from the voluntary sector. The particular concerns of minority groups located within a state should be considered. Additional input may be sought from child advocacy groups, adoptive parents' organizations, and interested citizens.

Placement Criteria - The development of criteria to be used by staff who must decide whether foster children should be considered for adoption is an important responsibility of state child welfare planners. These criteria should be flexible enough to be applicable across the wide variation in individual circumstances of child welfare clients, and specific enough to ensure that decision-makers reviewing caseloads can make consistent decisions regarding the appropriateness of service plans. The lack of uniformity of adoption laws and practices across states precludes offering any best practice criteria in this Manual. Suggested criteria may be found in Victor Pike et al., Permanent Planning for Children in Foster Care: A Handbook for Social Workers, DHEW Publication No. (OHDS) 77-30124. This publication can be obtained from:

U.S. Children's Bureau
ACYF, OHDS
Post Office Box 1182
Washington, D. C. 20013

Placement criteria are discussed in: Sister Mary Paul's Criteria for Foster Placement and Alternatives to Foster Care, published by the New York State Board of Social Welfare, 1975. This publication can be obtained from:

New York State Department of Social
Services
1450 Western Avenue
Albany, New York 12243

Placement guidelines can also be found in the Utah Department of Family Services Task Force Committee Report: DFS Task Force Committee on Alternatives for Families at Risk, which can be obtained from:

Director
Division of Family Services
330 South 2nd Street, East
Salt Lake City, Utah 84111

Another resource is available from Los Angeles County Department of Adoptions, an agency that has considerable experience in innovative adoption practice. Written by Barbara D. Larsen, the publication is entitled "Reach Out" - A Program For Children in Need of Adoptive Planning. It includes material related to termination of parental rights, recruiting adoptive parents, retraining staff, and evaluation of the program. It can be obtained from:

Los Angeles County Department of
Adoptions
Child Welfare Resource Information
Exchange Section
2550 West Olympic Boulevard
Los Angeles, California 90006
Price: $7.50. Public Relations Packet: $7.50

Foster Care Review - There are several existing models for statewide foster care reviews to identify those children who should be placed in adoptive homes. Because administrative controls and review procedures within state child welfare delivery systems have often been inadequate, several states have mandated periodic court reviews. One-time comprehensive reviews have been conducted. Citizen review boards have been established to regularly assess the appropriateness of placements.[1] Another method, which may render third party review unnecessary, has been the formation of review and permanent planning units within a state department of social services to maintain on-going oversight of foster care caseloads. The major objective of these efforts is to identify children who are unlikely to return home and should not remain in temporary substitute care.

An example of what can be accomplished through review and particular effort to place foster children in adoptive homes is provided by a county welfare agency in Pennsylvania.[2] Three and one-half years after the program started, the number of children in care 2 to 5 years was reduced by 55%, the number of children in care 5 to 7 years by 41%, and those in care for 7 or more years by 27%. After 5 years, the total number of children in foster care had been cut in half.[3] Of particular interest is the fact that no special grants or legislative support were provided.

1/ States that establish citizen or court review systems with members from outside the agency must address the issue of confidentiality in order to keep within the state plan requirements of the Social Security Act. For a copy of HEW's draft of Proposed Action Transmittal Regarding Child Foster Care Review Systems contact: George E. Murphy, Room 2118, Mary E. Switzer Memorial Building, 330 C Street, S.W., Washington, D.C. 20201; (202) 245-8450.

2/ See Martha L. Jones, "Aggressive Adoption: A Program's Effect on a Child Welfare Agency," Child Welfare 56:6 (June 1977), pp. 401-407.

3/ Martha L. Jones, "Stopping Foster Care Drift: A Review of Legislation and Special Programs," Child Welfare 57:9 (November 1978), p. 577.

Disagreement exists over whether the responsibility to conduct reviews of this kind, which are in effect assessment of need for other services (e.g., in-home services, adoption services, legal services, etc.), should rest with foster care programs, adoption programs, or some other unit. Responsibility for on-going systematic assessment of the need for adoption services, both within agencies and statewide, may be delegated to:

- the adoption program
- a joint committee comprised of foster care and adoption personnel
- specialized personnel who function as liaisons between the foster care and adoption units.

It is important that uniform standards be applied when determining whether placements and case plans are appropriate. This may be difficult to accomplish when responsibility for formal placement decisions is not clearly defined. Because placement decisions are usually made by foster care workers, the responsibility to identify children who should be placed for adoption has traditionally rested with foster care programs. The wisdom of this approach has been questioned due to the crisis orientation of foster care.[1] Specialized training in permanent planning concepts and practices is strongly recommended for all foster care workers who make placement decisions.

The success of the Oregon "Freeing Children for Permanent Placement Project"[2] has demonstrated the usefulness of specially trained staff who provide intensive services to effect permanent placements for children. A number of states are currently replicating the Oregon Project with technical assistance funded by the Children's Bureau and provided by the permanent placement project staff of the Regional Research Institute for Human Services of the Portland State University in Oregon. The concept of specialized permanency planning has been expanded in several other states, and resulted in complete reorganization of the administration of adoption services. In New Jersey, a separate state bureau has responsibility both for permanency planning and for supervision of adoptive placements. Supported by automated statewide monitoring of the foster care caseload, Michigan's permanency planners assist county agencies to more effectively plan for, and permanently place, children who are unlikely to return home.

Two publications have been prepared by staff of the Regional Research Institute of Portland State University in Oregon to assist administrators interested in implementing the premanency planning concept. Permanent Planning in Foster Care: Resources for Training [3] is a compilation of training resources to be used to educate caseworkers in the legal aspects of permanent planning and in direct service skills. Its companion piece, Permanent Planning in Foster Care: A Guide for Program Planners, 1/ addresses implementation of the permanent planning model in agencies. Organizing political support for a program and general program planning activities are covered, followed by program implementation which is discussed in terms of specific management tasks that must be accomplished so that staff can deliver services. Appendices include worksheets, a state assessment guide for permanent planning, and an annotated bibliography. These documents can be obtained from:

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[1] See Robert J. Ambrosino et al., An Adoption Overview: A Changing World (Albany, New York: Welfare Research, Inc. 1977), pp. 23-29 and The Children of the State: Incentives to Adoptive Placements (Albany, New York: Temporary State Commission on Child Welfare, 1977), pp. 19-20.

[2] See Victor Pike, "Permanent Planning for Foster Children: The Oregon Project," Children Today 5:6 (September 1976) pp. 22-25, 41.

[3] Susan Downs, and Catherine Taylor, eds. Permanent Planning in Foster Care: Resources for Training (Portland, Oregon: Regional Research Institute, Portland State University, 1978).

Regional Research Institute
Portland State University
Post Office Box 751
Portland, Oregon 97207
Price: Resources for Training, $6.00
Planning Guide, $2.00

While systematic review of foster care caseloads has usually resulted in increased numbers of children being moved into adoptive placements, some controversy has surrounded the periodic review process. A comprehensive study team reported that judicial review in one state was chaotic and frustrating and involved inordinate delays.2/ Formalization of the review process, without administrative and specialized internal staff support, could be an unproductive effort.

Review of Census Data - Assessment of the need for adoption services may include a study of illegitimate births. It may be useful to determine what decisions are being made concerning the future of these infants. It is important to determine whether the rights of biological parents are being adequately protected. If a large percentage of these infants are being kept by teen-aged mothers, this may indicate a need for parenting education and preventive and supportive services to assist these young parents. The need to determine the incidence of independent adoptions may also be indicated. State child welfare administrators should attempt to become familiar with the grey and black-market adoption activities in their states and the implications of these activities. State adoption laws may need strengthening. In addition, public/agency adoption services may be inadequate or inaccessible.3/

Review of Listing Service or Exchange - Another dimension of the need for particular service components of the Adoption Service delivery system may be assessed by reviewing the characteristics of approved families and children awaiting adoption. Many states have a statewide adoption listing service which lists available children and families. Some states also have exchanges which facilitate matches of specific children and registered families. An analysis of the characteristics of children awaiting adoption and the types of

---

1/ Linda Dreyer, Permanent Planning in Foster Care: A Guide for Program Planners (Portland, Oregon: Regional Research Institute, Portland State University, 1978).

2/ Results of Survey on Implementation of 24-Month Review Law (New York: State Council of Voluntary Child Caring Agencies, 1974).

3/ See William Meezan; Sanford Katz; and Eva Manoff Russo; Adoptions Without Agencies: A Study of Independent Adoptions (New York: Child Welfare League of America, 1978), p. 228.

children that approved families are willing to adopt is essential to ensure the relevance of the listing service or exchange, as well as the effectiveness of the recruitment efforts. An evaluation of the New York State Adoption Exchange 1/ revealed that, in January 1975, of the children listed as ready for placement: (1) 95% were over five years of age; (2) 65% were black; (3) a large number were handicapped and/or required placement with siblings. However, of the over 1,300 families registered, 94% would accept only a white child under four years of age without a handicap; and only 5% were interested in adopting a black child. This evaluation indicated the ineffectiveness of both the statewide exchange and the current adoptive family recruitment strategies. The need for changes in the system was clearly demonstrated. Since that time, New York has implemented several innovative adoption programs and a new listing service. These will be discussed later in this section.

PLANNING: GOAL SETTING

Measurable goals, based on identified need, should be set for a state's adoption program. It is recommended that a state set a target number of adoptive placements to be made during the next planning year or budget cycle. The involvement of staff from both state and local levels in the goal setting process is encouraged, and a target number should be arrived at through a consensual process. Not only must goals be measurable, but also feasible given resource and statutory constraints.2/

The following are examples of measurable goals that could be set for a state's adoption program:

- percentage of children placed in foster care to be adopted, within a specified time period;
- percentage of children in foster care for over a year to be adopted, within a specified time period;
- percentage of children free for adoption to be adopted within a specified time period;
- percentage of total number of adoptions to be subsidized;
- percentage of grey and black-market adoptions to be reduced; 3/
- percentage of approved families to receive adoptive placement within a specified time period;
- percentage of families seeking children with special needs to be increased;
- percentage of home studies to be completed within a specified time period.

1/ See Hanna Grossman; Doree Epstein; and Ann Nelson, An Evaluation of the New York State Adoption Exchange: Final Report (Albany, New York: Welfare Research, Inc., January 1976).

2/ For an example of a statewide goal oriented plan to improve adoption services, see "Proposed Plan for the Improvement of Foster Care and Adoption Services for the State of Florida" (Washington, D.C.: Mott-McDonald Associates, Inc., 1977).

3/ See Meezan et al., Adoption Without Agencies."

Another example of measurable goals were those recommended by the Task Force Committee on Alternative Methods of Treatment for Families at Risk of the Utah Department of Family Services. Their recommendations are based on best estimates derived from past trends and may need to be tested and revised. Some examples of their recommended goals for the adoption program are:

> "- The final disposition for permanent substitute care or return home shall be made within 18 months from the date the child entered foster care.
> - One hundred percent of all children for whom adoption is the least deterimental alternative will be placed in an adoptive home within six months from the date of decision to place." 1/

PLANNING: PROJECTING RESOURCE NEEDS

It is important that a state clearly define all services which it provides that are considered adoption services. Not only is this necessary to assure accountability under Title XX, but also to help ensure effective management of a state program. It will not be possible to adequately project staffing needs without needs assessment data, and a uniform definition of the components of adoption service. Among activities which should be considered for inclusion in a state's definition of adoption service are:

- recruitment of adoptive families
- home studies
- legal services
- pre-placement planning
- services to biological parents
- identification of children for adoptive placement
- placement supervision
- training for adoptive parents
- post-adoption services
- listing services
- diagnostic assessments of children
- medical/remedial care for children
- financial evaluation for subsidy
- transportation services
- arranging inter and intra-state adoptions

Following analysis of adoption related tasks and development of an inclusive definition of adoption services, a measurement of time required to deliver various adoption services could be conducted. Time and cost analysis of adoption services is becoming increasingly common as states purchase more adoption services from the private sector. (See following discussion of purchase of adoption services). In addition, realistic workload standards should be based on identification and consideration of the variables that affect the time needed to provide each component of adoption service.

1/ See Report: DFS Task Force Committee on Alternatives for Families at Risk (Salt Lake City: Utah State Department of Social Services, Division of Family Services, October 1975.)

RESOURCE DEVELOPMENT: COORDINATION/EXCHANGES

The nature of the tasks required to place children with special needs in adoptive homes necessitates significant coordination and information exchange. Public/voluntary sector coordination as well as involvement of adoptive parents groups and other child advocacy organizations is essential. It is desirable that agencies establish formal procedures while also encouraging informal contact between public and voluntary agency staff and adoptive parent groups. The major objectives of efforts to improve coordination between the public and voluntary sectors are twofold: (1) to increase sharing of information and resources in order to increase adoptions within a region or a state, and (2) to increase interaction between agencies to overcome conflicts where, for example, agencies may be reluctant to consider available children from other agencies for their pool of approved families.

The usefulness of many adoption exchanges or listing services currently in operation could be substantially improved. Some knowledge has been gained from the failure of the New York State Adoption Exchange. Implemented in 1972, the system finally became inoperative in late 1975. Fewer than 5% of the listed children had been placed. Major causes for this expensive failure were:

(1) The families listed did not want the types of children who were legally free and available for adoption;

(2) Unrealistic expectations that the exchange would be a tool to solve problems that cannot be solved by any exchange or any other single tool;

(3) Reluctance on the part of adoption staff to pursue matches of children and families made by exchange staff because they found communication unsatisfactory or because they were suspicious of the computer process;

(4) Isolation of adoption workers, lack of specialized assistance and information exchange opportunities, and lack of guidelines for applying classifications of children according to their "adoptability" which led to widespread inconsistency; and

(5) Insufficient support from the Department resulting in too few staff assigned to operate the Exchange, and other technical problems, such as an incompatible computer language and poor data processing support.[1]

Cole calls for a merger or regionalization of state adoption services citing defects of present state supervised and administered systems as involving: "(1) duplication of service, (2) lack of standardization -- one branch may interpret policy differently from another, and (3) provincialism -- branches tend to look out for their own needs rather than the agency as a whole."1/ Echoing many of Cole's criticisms, the Temporary State Commission on Child Welfare of New York made recommendations to improve coordination of the adoption program statewide. Among their recommendations were a series of changes to improve the effectiveness of the state's picture-listing Adoption Service, development of a comprehensive and coordinated state-local-private approach to adoptive recruitment, and development of fiscal incentives to facilitate inter-county home studies.2/

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[1] Grossman, Epstein and Nelson, Evaluation of the New York State Adoption Exchange.

Successful exchange and listing services tend to have the following characteristics: all children in the state who have been legally free for adoption for a set period (usually from three to six months) are required to be listed; uniform criteria have been established with respect to the format of listing and presenting the children, including most notably the use of photographs and brief narratives which highlight each child's interests, personality traits, and problem areas; an open flow of communication has been encouraged among workers, agencies and exchange staff, with special concern being given to the problem of matching specific children and registered families; and adoptive parent volunteers have been encouraged to involve themselves in and support the adoptive process.

New York has attempted to improve and centralize adoptive family recruitment and placement of waiting children by creation of the New York State Adoption Service to replace the defunct Exchange. The Service compiles and disseminates a two-volume listing of pictures and descriptions of children available for adoption. In addition, the Adoption Service monitors the listing of children, coordinates services among counties, refers inquiries about listed children to the agencies providing for the children's care, and screens reasons for omitting a child from picture listing. While the new Adoption Service appears to be significantly more successful than its predecessors, some problems continue to exist. The chief problem is reflected in the fact that 80% of the legally free children in the state have been deferred from listing for a variety of reasons. The Temporary State Commission has made recommendations for further improvements that may be of interest to other states:

> "(1) Increasing the size of the staff of the State Adoption Service;
>
> (2) Provision of a toll-free telephone number for the exclusive use of the Service;
>
> (3) Reduction of the number of children legally free for adoption whose listing has been deferred;
>
> (4) Conduct of case audits to assure that all legally free children are listed;
>
> (5) Imposition of sanctions upon agencies which fail to comply with statutory requirements;

1/ Cole, "Adoption," p. 152.

2/ Incentives to Adoptive Placement, p. iii.

(6) Development of a recruitment effort, which includes wider publicity for the Adoption Service;

(7) Establishing subject dividers for the picture listing book (i.e., sex, age and/or sibling groups) to facilitate ready reference to children."1/

In addition to intra-state adoption resource exchanges, some states participate in larger regional exchanges. More information and technical assistance can be obtained from the only currently existing national exchange operated by the Child Welfare League of America (CWLA). This organization is currently preparing an Adoption Resource Exchange Manual to assist in development of comprehensive and effective programs. For more information, contact:

Mary Jane Fales, Director
Adoption Resource Exchange of
North America
North American Center on Adoption
Child Welfare League of America
67 Irving Place
New York, New York 10003

Of major importance in the field of adoption is federal legislation (P.L. 95-266) which will: (1) promote model adoption legislation and procedures; (2) promote quality standards for adoption services; and (3) provide for a national adoption information collection and analysis system, and a national adoption information exchange system.

In order to facilitate sharing of adoption resources information nationally, the U.S. Children's Bureau, DHEW, is preparing a handbook that lists and describes adoption for special-needs children across the country. Adoption organizations, adoptive parent groups, exchanges and listing services, specialized adoption agencies, adoptee search organizations, special adoption projects, adoption legislation, and training resources are addressed. Entitled Adoption Resource Handbook, this publication can be obtained from:

Publications/Adoption
U.S. Children's Bureau
Box 1182
Washington, D.C. 20013

RESOURCE DEVELOPMENT: PURCHASE OF SERVICES

Issues surrounding the purchase of adoption services are many and complex. Three types of payments have been used for purchasing adoption services; (1) lump sum grants, (2) flat fees, and (3) reimbursement for actual costs. The adequacy of fees and of payment arrangements for purchased adoption services has been called into question.2/ As has been demonstrated in many

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1/ Incentives to Adoption Placements, p. 57.

2/ See David W. Young and Brandt Allen "Benefit-Cost Analysis in the Social Services: The Example of Adoption Reimbursement," Social Service Review 51:2 (June 1977) pp. 249-264, and Ambrosino et al., Overview, pp. 133-140 and The Children of the State, pp. 29-35.

states, the payment rate may act either as an incentive or disincentive to private involvement in adoption service delivery. This is a particularly significant issue when voluntary agencies stand to lose substantial foster care payments for every child that is moved out of foster care into permanent placement. The lump sum grants and flat fees are the most common arrangements, and often do not cover the full costs of placing children with special needs. The legal costs alone may be very high, particularly if parental rights must be involuntarily terminated. In addition, these types of payment arrangements may inhibit inter-agency cooperation, which has been shown to be essential to increase placements. Agencies must be reimbursed the actual cost to them of the specific placement up to a maximum of what it would cost the public agency or department to perform the same service. Reimbursement should be made at two points - when the placement is made and when the adoption is finalized.

New Jersey and Michigan have addressed these problems by dividing purchased adoption services into four activities: home study and recuitment; pre-placement services; placement services; and post-adoption services. Agencies are reimbursed for the actual costs as determined by using average costs of home studies and post-adoption services, and the actual cost of casework time spent in pre-placement and placement services. Caseworkers maintain records of the amount of time spent in direct service provision to a legally free child and prospective adoptive parents. This figure is multiplied by a computed service hour cost. Agencies are paid in two payments on a per case basis. The first payment is made at the time of placement and reimburses the agency for costs incurred up to the adoptive placement. At the time the adoption is completed, a second payment is made to the agency for the costs incurred in legally finalizing the adoption. Thus, agencies are motivated to complete adoptions promptly. In effect, public agencies are then purchasing goal achievement rather than just a service or activity that may or may not lead to a finalized adoption.

Two model payment systems have been developed which define a comprehensive set of adoption activities and allow for full cost reimbursement. The Model Purchase of Service System was developed under the auspices of the Clark Foundation and the North American Center on Adoption.[1] A publication has been prepared which focuses on various issues involved in purchasing adoption services, entitled: Discussion of Principles and Procedures in Purchase of Adoption Services. It can be ordered from:

Elizabeth Cole, Director
North American Center on Adoption
67 Irving Place
New York, New York 10003
Price: $2.00

The Model State Adoption Payment System was developed by Welfare Research, Inc. of Albany, New York, under a grant from the Social Rehabilitation Service, DHEW.[2] The implementation of these payment systems in selected agencies has

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1/ For additional information on the Model Purchase of Service System contact: Elizabeth Cole, North American Center on Adoption.

2/ Further information on the Model Adoption Payment System can be obtained by contacting: Robert J. Ambrosino, Welfare Research, Inc., 112 State Street, Albany, New York 12207, (518) 474-6464.

emphasized the necessity of sound management practice by both parties to the transaction - the public agency purchasing the services and the private agency selling the service. Six subsystems were identified as basic to any payment system. These subsystems include:

- A Budgeting System - a plan for expenditures for specific items to meet programs or agency goals;
- An Accounting System - a method of categorizing and recording financial transactions;
- A Time - Recording/Allocation System - a method for apportioning staff time to appropriate activities and/or programs;
- A Reporting System - a method of summarizing and presenting agency program and/or fiscal information;
- A Reimbursement System - a process for approving, disbursing and auditing payments made to an agency.
- An Overall Management System - to integrate the procedures and functions of each of the five component systems.1/

RESOURCE DEVELOPMENT: RECRUITMENT OF ADOPTIVE PARENTS

No issue is of greater concern in the field of adoption today than recruitment of sufficient numbers of families to provide permanent homes for all children in temporary foster care who will not return to their biological families. Accomplishment of this goal can be facilitated by: better state/local and public/voluntary coordination of services; and innovative techniques publicizing the need for parents, conducting home studies, and supporting placements.

The New York State Temporary Commission on Child Welfare recommended that a comprehensive and coordinated state-local-private approach to adoptive recruitment be developed, based on the experiences of three innovative recruitment projects: the Regional Adoption Program, Operation Placement, 2/ and the Special Joint Adoption Project. The success of these three projects was founded on the cooperation of several or more agencies in the recruitment and placement processes.3/ In addition to the benefit of pooled resources, periodic meetings of adoption workers provided the encouragement and support that has been found necessary to increase placments of special children. The projects also made extensive use of audiovisual materials presenting individual children and advertised widely for families. Many additional placements have been stimulated by the increased interaction and communication among adoption staff in surrounding counties. As a result, the Commission has urged the State Department of Social Services to work cooperatively with the 58 social service districts and concerned private groups to implement the successful techniques of these projects. Many of these techniques and the training component of the Regional Adoption Program will be discussed under Implementation.

1/ Robert J. Ambrosino, "Model State Adoption Payment System Project" (Albany, New York: Welfare Research, Inc., 1977).

2/ See Adler and Adler, Project Evaluation, Operation Placement (Albany, New York: New York State Department of Social Services, 1977).

3/ Incentives to Adoption Placements, p. 57.

Major problems are involved in the conduct of inter-county or inter-agency home studies. Many casework hours and travel expenses may be consumed in assuring successful placement across geographical boundaries. A system to assure reimbursement for adoption services provided by other agencies is being devised to overcome this barrier.

Finally, the Commission made recommendations to reduce the unnecessary burden of comprehensive home studies on families who have already undergone a rigorous approval process. For families who have previously adopted a child or have already qualified as foster families, to the extent that conditions have not changed, a mere statement to that effect should suffice and full reinvestigation should be obviated. The home study should predominantly address itself to changes and to circumstances subsequent to the first investigation, including the outcomes of prior adoptions, and/or experiences of children in foster care.

Considerable controversy has surrounded the issue of mass media publicity focusing on community education and recruitment of adoptive families. Although at variance with many traditional attitudes and adoption practices, innovative programs across the country report success placing special-needs children with the help of advertising. In many cases adoptive parent groups have taken the lead in encouraging agencies to use the media to publicize children waiting for families. Many sensitive and effective presentations have been made. Television and newspaper spots and feature pieces have been particularly successful. Closed circuit videotapes are being used with growing frequency to present children to interested community organization as well as to prospective adoptive parents.1/

New Jersey's Division of Youth and Family Services has created a 17 minute slide program entitled A Place Until Forever, which received a top rating from the North American Center on Adoption. Not only does this program highlight the kinds of youngsters in need of adoptive homes but also presents the kinds of families who adopt them. Sensitive and informative, the slide program encourages viewers to think about the many issues that are involved in making a successful adoption. For information about purchase or rental of this program, write:

Gary DeLiberis
Communications Specialist
Post Office 37-A White Horse Pike
Hammonton, New Jersey 08037

An Ohio project, Services to Unmarried Mothers and Adoption (SUMA), provides another example of the use of publicity to recruit adoptive parents for children with special needs. Pamphlets are distributed which include photographs of children engaged in various activities and the following:

1/ See Norman Paget, "Closed-Circuit Television: A Revolution in Adoption Practice," Child Welfare 57:2 (February 1978), pp. 15-35.

"FACTS ABOUT ADOPTION:

- In our area, 7 out of 10 children available for adoption are black.
- The children range in age from infants to teenagers, but the majority of waiting children are from 4 to 15 years.
- Most of the children are now living in single or group foster homes or institutions.
- Older children can adjust and respond to a loving stable home.
- The time involved in a local adoption is about 6 months to a year.
- The only cost for public adoption services is a court cost of $12.50 plus $1.00 for new birth certificates.

YOU CAN ADOPT:

- Whether you have other children or not.
- Whether you are a working mother or not.
- Even if you are over 40.
- Even if you are single.
- Even though you may live in an apartment and earn a modest income.
- Adoption subsidies may be available to families who can provide a good home but need financial assistance."[1]

As the effectiveness of publicity becomes apparent, less resistance to its use is being voiced. Confidentiality, however, remains a major concern. It may be important for states to establish clear policies regarding the use of publicity featuring individual children. Cole, Director of the North American Center on Adoption, offers some guidelines that states may consider when formulating policies that both respect confidentiality and increase children's chances of being adopted:

"- Legal consent should be obtained from the parent, guardian or custodian prior to publicity.

- Children should be carefully prepared and, depending on their age, consent should also be obtained from them. Unrealistic expectations should be avoided.

- Avoid publicity in any geographic areas which could result in embassassment to the child, biological or foster parents.

- Family names and histories need not be used. Presenting a child as a whole person and describing the present situation is most helpful."[2]

While effective publicity and recruitment technology exists, Cole suggests that much needs to be done to increase dissemination and train agency staff in its application.[1] Publicity and recruitment policy guidelines and an implementation manual should be prepared for use throughout a state or region. Sample radio and TV spots, posters, flyers, etc. could be included. In addition, Cole states that training and consultation on the use of materials should be available through the regional offices as well as included in adoption training courses and staff development programs. Consultation and technical assistance can be obtained from:

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[1] SUMA, 2400 Reading Road, Cincinnati, Ohio 45202.

[2] Cole, Adoption Report 2:3 (Summer 1977), New York: North American Center on Adoption, Child Welfare League of America.

Elizabeth Cole, Director
The North American Center on Adoption
67 Irving Place
New York, New York 10003
(212) 254-7410

State and regional welfare administrators should maintain a close relationship with adoptive parent groups. Adoptive parent volunteers have been effectively utilized in publicity, recruitment, and training programs and have proven to be a valuable resource in many states. Over 150 adoptive parent organizations are presently active across the country. Many of them are local Chapters of the North American Council on Adoptable Children which can be contacted through:

Laurie Flynn, President
NACAC
523 West James Street
Lancaster, Pennsylvania 17603
(717) 393-1490

Many references exist that provide guidance regarding the difficulties encountered in the recruitment of families for, and the placement of, children with particular characteristics. For example:

Finding Families For the Children, A Handbook to Assist the Child Welfare Workers in the Placement of Children with a Mental, Emotional, or Physical Handicap by Ferman and Warren. Order from:

Department of Sociology
Eastern Michigan University
Ypsilanti, Michigan 48197
Price: $1.00

Families for Black Children - The Search for Adptive Parents by Elizabeth Herzog et al. Order from:

The U.S. Children's Bureau
Box 1182
Washington, D.C. 20013
Publication No. (OHD) 76-30058

Chaos, Madness, and Unpredictability: The Spaulding Approach to Adoption by Unger, Dwarshuis and Johnson. Order from:

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[1] Cole, "Adoption," p. 147.

Spaulding for Children
Box 337
Chelsea, Michigan
Price: $4.00

The Adoption of Black Children: Counteracting Institutional Discrimination by Dawn Day. Order from:

Lexington Books
125 Spring Street
Lexington, Massachusetts 12173
Price: $15.95

Finding Families by Ann Hartman ($3.00); No Child Is Unadoptable: A Reader on Adoption of Children with Special Needs, edited by Churchill, Carlson, and Nybell ($6.00); and Resources: For Child Placement and Other Human Services, by Armand Lauffer ($7.00). Developed by Project CRAFT of the University of Michigan and published in 1979 by Sage Publications, these monographs can be obtained from:

North American Center on Adoption
67 Irving Place
New York, New York 10003

IMPLEMENTATION: STANDARDS

Unfortunately standards are sometimes vague and often fail to provide the specificity necessary for consistent application by caseworkers with varying educational and experiential backgrounds. Standards usually address activities that occur during three phases of adoption service: pre-placement, placement, and post-placement. State agencies should ensure that standards accurately reflect legislation and are as clear as possible in the following areas.

Agency Responsiveness - Promptness of response is important to avoid discouraging prospective parents. It may be desirable to establish maximum allowable time intervals between:

- prospective adoptive parent inquiry and agency response; 1/
- receipt of prospective adoptive parent application and first meeting with adoption worker, either in a group 2/ or individually;
- accepted adoptive parent application and completion of home study;
- formal approval of family and placement of child;
- placement of child and finalization of adoption.

The major purpose of establishing maximum allowable time intervals is to avoid inordinate delays during the process. Many prospective adoptive parents have withdrawn their applications prior to placement of a requested special-needs child as a result of unexpected and unexplained delays during the pre-placement process. The State Department of Social Services of New York prescribes the following time limits: for responding to inquiries and applications made by prospective adoptive families, five days; for conducting initial interviews with adoptive families, one month; and for completing the home study process, four months. If adoption agencies fail to comply with these regulations, the Commission recommended that the Department should either purchase or provide such services directly and charge the adoption agency for appropriate proportionate shares of local costs involved, after deduction of federal aid.3/

1/ One agency that specializes in recruitment of parents for children with special needs requires response within 24 hours to all prospective parent inquiries.

2/ Group screening and family assessment methods have been widely discussed in the literature and are being used more frequently. This approach is proving both efficient and effective. See Anderson and Kaufman, "The Group Method: Adoption of Children with Special Needs," Child Welfare 52:1 (January 1973), pp. 45-51; and Celli, 'Using Groups for Study of Prospective Adoptive Couples," Public Welfare 27:3 (Summer 1969), pp. 272-278.

3/ Incentives to Adoptive Placement, p. 71. Also see drafts of relevant enabling legislation, in the appendices.

Home Study Criteria - Reasonably concrete, objective standards are needed to aid caseworkers in conducting home studies and evaluating prospective adoptive families. This seems to be particularly important as agencies are becoming more flexible regarding criteria used to assess families. Studies have demonstrated repeatedly that when criteria are vague, subjective judgments are made by caseworkers based on their personal values and biases. This frequently results in inequitable decisions regarding who may become an adoptive parent and who may not.1/ A major criticism of traditional home study and evaluation procedures has been that minority families have been unfairly excluded from consideration because of the white middle-class orientation of assessment criteria. Particular attention should be paid to clarifying how to apply criteria that relate to age, race, financial status, religion, previous divorce, sterility, infertility, or nondisabling health problems. Needlessly intrusive and intimate questioning of applicants should be discouraged. Also to be avoided is rejection of applicants solely because, for instance, they are single 2/ or cannot provide a child with his or her own bedroom. The New York Temporary State Commission emphasized the need for operating guidelines for caseworkers to apply in evaluating adoptive applicants that would address both the "do's" and "don'ts" of the home study process.3/

Support Services - Additional issues that State Departments of Social Services may review to improve adoption services across a state include:

- requiring that prospective adoptive parents attend a minimum number of training sessions;4/
- requiring certain medical, psychological, and educational diagnostic evaluations of prospective adoptees;
- requiring certain minimum support services to child and family both before and after placement of an older, handicapped, or other special child.5/

1/ See Edwin Garth Brown and Donald Brieland, "Adoptive Screening: New Data New Dilemmas," Social Work 20:4 (July 1975), pp. 291-295. Also see Incentives to Adoptive Placement, pp. 64-72; and An Adoption Overview, pp. 42-47.

2/ Single parent adoptions are increasing as agencies find that for some children with special needs, single persons may be preferrable as adoptive parents. In 1975 in California such adoptions comprised 7% of all relinquishment adoptions, a 665% increase over five years. See "Single Parent Relinquishment Adoptions Public Agency Placements in California 1975" (Sacramento: California Center for Health Statistics, 1977, Report No. 0782-701.)

3/ Incentives to Adoptive Placements, p. 68.

4/ See Barbara Bache-Wiig, "Adoption Insights: A Course for Adoptive Parents," Children Today 4:1 (January 1975), pp. 22-25 and An Adoption Overview, pp. 48-50.

5/ The extensive literature regarding placement of children with special needs emphasizes the importance of supportive services, such as individual and group counseling, to the success of placements. See bibliography following the Adoption Service Resource Section and the Local Child Welfare Services Self-Assessment Manual.

The availability of adequate legal, medical and other professional services to support local agency adoption goals is of particular importance. Legal services to ensure prompt terminations and finalizations have generally been in short supply. The need for these services to support a state's adoption goals may be overlooked when projecting resource needs and planning programs. Because legal services have been inadequate in New York, the Temporary State Commission on Child Welfare Services has recommended that agencies purchase legal services for terminating parental rights when such services are not otherwise readily available.1/ In addition, an evaluation of alternative means for provision of legal services was recommended. Some possible alternatives include: (1) centralizing all legal services either in a single private not-for-profit corporation, or in a public legal services office; (2) encouraging public agencies to assume responsibility for directly providing legal services in all court actions involving children in their guardianship, and providing reimbursement from state matching funds; (3) requiring private agencies to hire attorneys to be on staff rather than contracting with law firms.2/

Licensure - The methods and criteria used to license voluntary adoption agencies should guarantee that an agency practices at an acceptable level. It may be necessary not only to review regulations, but also to review assessment methods. Licensure regulations should address:

- number and qualifications of staff;
- workload;
- policies and practices relating to adoption services;
- management policies and practices, e.g., regarding fees, and capability to participate in purchase contracts; and
- safety and comfort of physical facilities.

In some cases, when a voluntary agency is contracting to provide multiple services including foster care, fiscal disincentives exist to moving foster children into adoptive homes. A state agency should ensure that efforts are being made to place foster children freed for adoption in permanent homes, and consider including some licensure criteria to address this issue. Monitoring and relicensing procedures should include not only periodic comprehensive reviews of reported information, but unannounced site visits to review records as well.

Legal Issues - In addition to the foregoing standards and guidelines, a state agency could assist staff by preparing a handbook or manual which addresses the legal issues in adoption in the light of a particular state's statutory framework. Particular attention must be paid to clarifying policy and practice in regard to: voluntary surrenders; involuntary terminations; interstate placements; confidentiality of records; and subsidized adoptions.

Considerable variation exists among states in the laws and procedures by which biological parent(s) relinquish parental rights and the degree to

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1/ Incentives to Adoptive Placements, p. 36.

2/ Ibid., p. 38-39.

which such laws and procedures are final and binding. Involuntary termination is an even more controversial issue. Several model acts have been drafted which deal with grounds in varying detail.1/ The Children's Bureau is now in the process of developing Model State Adoption Legislation and Procedures in response to the mandate of pending legislation (P.L. 95-266). This process will include a comprehensive reiew, by a panel of experts, of "...current conditions, practices, and laws relating to adoption, with special reference to their effect on facilitating or impeding the location of suitable adoptive homes for children who would benefit by adoption and the completion of suitable adoptions for such children..."2/ Of particular concern to the Children's Bureau is the need to eliminate the legal and jurisdictional barriers to adoption, and to facilitate adoption by families at all economic levels.

Philosophical orientations of courts differ across states along a continuum extending from reluctance to interfere in what is considered the sanctity of the family and the rights of biological parents, to increasing recognition of the rights of children to permanence, stability and nurturance. Attention is also beginning to focus on the concept of the psychological parent. Of more immediate importance to state child welfare administrators is whether appropriate casework plans, particularly regarding termination of parental rights, are being developed by caseworkers and how often agencies are successful when going to court to seek involuntary terminations. From the perspective of cost-effectiveness alone, these questions speak to the need for clear guidance from central state agencies as well as from local supervisors. For example, increased use of legal consultation and case staffing prior to instituting court action may be indicated.

Differing judicial interpretations of the Stanley vs. Illinois decision have resulted in some confusion among adoption agencies. The major concern has been to protect the rights of unwed fathers without subjecting adoptions to long delays that are not in the best interests of the child. The adoption laws of each state must be examined with respect to the issues involved in the Stanley decision particularly when children may be placed across state lines.

The Oregon Permanent Planning Project has prepared a handbook that offers step-by-step guidance on how to free a child for adoption.3/ Because laws and interpretations of laws differ from state to state, the

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1/ See Model Act to Free Children for Permanent Placement. (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978); Michael S. Wald, "State Intervention on Behalf of "Neglected" Children: Standards for Removal of Children From Their Homes, Monitoring the Status of Children in Foster Care and Termination of Parental Rights," Stanford Law Review 28:4 (April 1976); and James H. Lincoln, "Model Statute for Termination of Parental Rights," Juvenile Justice 27:4 (November 1976).

2/ U.S. Congress, Public Law 95-266, April 24, 1968. Child Abuse Prevention and Treatment and Adoption Reform Act of 1978.

3/ See Victor Pike, Susan Downs, Arthur Emlen, Glen Downs, Denise Case. Permanent Planning for Children in Foster Care: A Handbook for Social Workers. (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1977.) Publication No. (OHDS) 77-30124.

Children's Bureau has made funds available for states to prepare manuals for legal and judicial personnel on the state-specific legal aspects of permanent planning for children. More information can be obtained from the Children's Bureau Specialists in the DHEW regional offices, or from:

Children's Bureau
Post Office Box 1182
Washington, D.C. 20013

Many problems are involved in out-of-state placements. As a result, The Interstate Compact on the Placement of Children [1] was developed to clarify issues relating to regulating placements across state lines, monitoring placements, provision of supportive services, and jurisdiction.[2] States that are not signatories of the Compact must deal with these issues nonetheless. Again, state agencies are responsible to ensure that caseworkers and supervisors have the necessary information and guidance to effect interstate placements that protect the welfare of the children and families under their care and supervision.

The question of the confidentiality of adoption records is being subjected to judicial examination in many states. Groups of adoptees and birth parents have organized to press for recognition of their various interests. Because the rights and interests of three separate groups (biological parents, adoptive parents, and adoptees) are at issue, no easy resolution to the problem seems imminent. Revised Child Welfare League of America Standards for Adoption Service suggest that a workable solution may be to design a more flexible system for future placements.[3] Previous guarantees of anonymity would be protected, while allowing for the possibility of some communication and information exchange between parties in future adoptions. Clear guidelines regarding this issue are needed by local agencies and workers in the field.[4]

Finally, a central office or state agency is responsible to ensure that clear standards exist regarding the use of subsidies and that these standards are consistently applied across a state. This complex issue will be discussed in more detail below.

IMPLEMENTATION: SUBSIDIZED ADOPTIONS

Although all adoption subsidies are designed to increase foster children's opportunities for permanence and a stable family, the express philosophy behind the Model State Subsidized Adoption Act [1] is that the needs of the child rather than the financial ability of the family provide the essential basis for the subsidy.[2] The Model Act was developed with the assistance and expertise of child welfare authorities and practitioners from across the country and is intended to blend the strengths of existing subsidy statutes and procedures. It thus provides the foundation for the best practice principles advanced in this Manual.

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[1] The Interstate Compact on the Placement of Children. (Washington, D.C.: American Public Welfare Association).

[2] Ibid., pp. 3-5.

[3] See "Revisions to CWLA Standards for Adoption Service." (New York: CWLA, 1976, (mimeographed.) Also see Ambrosino et al., An Adoption Overview, p. 173.

[4] See also Arthur D. Sorosky et al., The Adoption Triangle (New York: Doubleday, 1978).

The main objective of subsidized adoption is to provide children with adoptive families who otherwise, because of special circumstances, might not be adopted. The intent of the Model Act is that subsidy programs be part of the usual, on-going child welfare services offered by a state and requires that eligible children be under public or private agency guardianship or care and legally free for adoption. In brief, the Model Act stipulates that:

- agencies must first make reasonable efforts to place a child without subsidy, with the exception of children being adopted by foster parents;
- a child's eligibility for subsidy is dependent upon certain special needs or conditions such as: (1) physical or mental disability, (2) emotional disturbance, (3) recognized high risk of physical or mental disease, (4) age, (5) sibling relationships, (6) racial or ethnic factors or (7) any combination of these conditions;
- commencement, amount, and duration of subsidy may be flexible;
- medical care for a child with a known medical condition that is not fully covered by insurance shall be provided for in the subsidy agreement;
- in no case may subsidies exceed the amounts paid in similar circumstances under foster care; and
- subsidies will continue with a child across state lines.

The Temporary State Commission on Child Welfare of New York, the first state to enact adoption subsidy legislation, recently completed a study of the state's subsidy program.[3] New York's considerable experience supervising a subsidy program in a county administered system may be of interest to other states. Of major concern was the disparity among counties in the use of the subsidies.1/ In addition, the commission found that the program varied in the application procedures and standards used, as well as in subsidy payment levels, eligibility criteria, and the type of subsidies granted to families. Prolonged waits for approval, and the requirements for excessive documentation of need frustrated both caseworkers and adoptive applicants.

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[1] Model State Subsidized Adoption Act, (hereafter cited as Model Act). For a copy of an analysis of the entire Model Act see Subsidized Adoption in America (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976.) Publication No. (OHDS) 76-30087.

[2] Subsidized Adoption in America, p. 4.

[3] See Incentives to Adoption Placements, pp. 79-108 and The Children of State: Barriers to the Freeing of Children for Adoption. (Albany, New York: Temporary State Commission on Child Welfare, 1976.)

New York's experiences suggests that state agencies should assume responsibility to ensure equity in the access to subsidy, as well as in the administration of the program. In addition, it may be advisable to collect data on: (1) the characteristics of children and families, in order to evaluate whether subsidies are helping those they were designed to help, (2) the utilization rates, in order to evaluate whether subsidies are a significant factor in moving children out of temporary care, and (3) program costs and projected savings in order to determine the cost-effectiveness of subsidized adoption.

A survey of forty-one jurisdictions (of which twenty-seven responded) was conducted in 1976.2/ This survey revealed that, of the early estimated number of 100,000 children eligible for subsidies as many as 14% of these children may be currently involved. Estimated savings reported by states ranged from 18.7% to well over 60% per year and led to an average annual savings of 36.9% based on data from the thirteen reporting states that computed estimated savings.3/

IMPLEMENTATION: STAFF DEVELOPMENT AND TRAINING

While all of child welfare is in need of more training, adoption staff may be in particular need. Having noted the dramatic change in the characteristics of children in need of adoptive homes, Unger et al. report that: "The attitudes and skills required to place older, handicapped, and minority race children are far different from those required to place healthy young children."4/ Because caseworker attitudes toward placing older, handicapped and minority children may effectively open or close the possibility of adoption for prospective adoptive families and children, the Pisani Commission specifically studied the attitudes of adoption caseworkers.5/ Project staff interviewed caseworkers involved in delivery of adoption services in public and private adoption agencies throughout New York, asking the same question: "Do you think every legally free child is adoptable?" Although some caseworkers answered that no child is unadoptable, citing examples of successful adoptive placement of severely handicapped children, approximately half answered that not every legally free child is adoptable identifying a range of subjectively defined child-centered problems which excluded children from consideration. Addressing this particular finding of the study, the commission stated:

> " These diverse attitudes of caseworkers regarding the adoptability of legally free children underscore a major need for training to implement explicit State Department

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1/ Incentives to Adoptive Placement, p. 83.

2/ See "The Implementation of Subsidized Adoption Programs: A Preliminary Survey," Journal of Family Law 15:4 (1976-1977), pp. 732-769.

3/ Ibid., p. 766.

4/ See Unger, Dwarshuis, and Johnson. Chaos, Madness and Unpredictability, (Chelsea, Michigan: Spaulding for Children, 1977), p. 280.

5/ See Incentives to Adoptive Placements, pp. 47-48.

> Social Services regulations regarding adoption agencies to "recognize any child who is legally free as adoptable". Unless caseworkers believe that a particular child is adoptable, they will tend to discourage prospective adoptive families from considering adoption. Because caseworkers play a major role in encouraging and supporting the adoption of hard-to-place children, training programs must focus on assisting caseworkers in: developing a better understanding of the care required by children with various handicapping conditions; appreciating the importance of permanency to handicapped children; and using appropriate strategies for facilitating adoptive placements of hard-to-place children.
>
> A postive approach must be inculcated, and understandable but counter-productive personal attitudes of prejudices must be overcome if adoption caseworkers are to function with optimum results."1/

The Citizen Adoption Education Program of the Citizens' Coalition for Children, Inc. recently conducted an informal assessment of adoption training needs in New York State. This effort was accomplished through individual interviews, questionnaires, and a meeting of selected persons with an interest and expertise in adoption training. A grid was used to identify gaps in available training by geographic region. The following training subjects were investigated:

- background, philosophy, attitudes, new trends in adoption;
- study and preparation of the child;
- freeing the child for adoption;
- parent recruitment;
- family assessment;
- placement;
- post-placement services; and
- administration and finance.2/

The gaps that were identified were extensive. There was no systematic curriculum covering all topical areas or geographic regions. It was concluded that little increase and improvement in adoption services could be expected until this significant shortfall was addressed through implementation of a statwide adoption training program.

The Regional Adoption Program of Parsons Child and Family Center, Albany, New York, provides an example of an innovative adoption training program that could be adapted to the needs of individual states. Through the New York

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1/ Ibid., p. 48 (Emphasis in the original.)

2/ See Carol Possin, Comprehensive Training Program in Adoption for New York State (Schenectady, New York: Citizen Adoption Education Program, Citizens' Coalition for Children, 1977), p 5. Copies can be obtained from: Jean Cook, Capital Systems Group, 6110 Executive Boulevard, Suite #250, Rockville, Maryland 20852. Price: $8.00.

State Department of Social Services, Title XX training funds have been made available to the State University of New York at Albany (SUNYA) for the purpose of developing a specialized training program for adoption staff. SUNYA, in turn, has subcontracted to the Regional Adoption Program (RAP), a regional exchange which has facilitated the placement of increasing numbers of special-needs children in seventeen New York counties over the past three years. Following the apprenticeship model of inservice training, in contrast to the more traditional conference model, RAP provides ongoing on-site assistance to public and private agencies in 36 counties, which cover two-thirds of the state of New York, as they implement the innovative strategies of this model adoption program. The RAP staff includes experts in the field of adoption of special-needs children who are available, during the course of training, for on-site assistance to agencies and monitoring of the implementation of training knowledge and techniques.

This apprenticeship model offers several advantages to those interested in developing specialized training programs for child welfare staff.

- The ongoing assistance to agencies provides an opportunity to adapt innovative strategies to individual differences in agency policy and procedures and this facilitates change.
- Implementation time of new policies and methods may be cut.
- Standardization of procedures across a number of counties is more likely to occur.
- The exchange develops personnel into a cohesive group of adoption specialists. This group dynamic may result in: (1) power to advocate for increased funding for services for children, (2) changing the often conservative traditional attitudes of adoption staff through continuing exposure to the group, and (3) development of innovative solutions to each others' problems.
- Finally, purchase of training from the private sector may be more effective in facilitating the innovative practice necessary to change the system from the present orientation toward temporary placement to an emphasis on permanency.

A research design to evaluate the impact of this training model has been built into the program. Of particular interest is whether adoption of special needs children will increase in these 36 counties, and if so, what aspects of the training program seem to be more highly correlated with an increase. Those interested in further information on this training program may contact:

Regional Adoption Program
Parsons Child and Family Center
60 Academy Road
Albany, New York 12208
(518) 462-6686

The North American Center on Adoption coordinates specialized adoption training programs at three schools of social work: University of Southern California, University of Michigan, and Columbia University. Training curricula, materials and resource information continue to be disseminated through the three schools and can be obtained by contacting:

Adoption Training Project
University of Southern California
School of Social Work
University Park
Los Angeles, California 90007
(213) 746-7927

Foster Care/Adoption Project
Columbia University
School of Social Work
622 West 113th Street
New York, New York 10025
(212) 280-2513

Project CRAFT
Curriculum Resources in Adoption and
Foster Care Training [1]
University of Michigan
School of Social Work
1015 East Huron
Ann Arbor, Michigan 48104
(313) 763-4160

A number of states have developed in-house training materials supported by Title XX training funds. Further information regarding program content and training materials can be obtained by contacting:

Adoption Specialist
State of Michigan
Department of Social Services
Post Office Box 30037
Lansing, Michigan 48909

Adoption Consultant
New Mexico Health and Social Service Department
Post Office Box 2348
Santa Fe, New Mexico 87501

New York State Department of Social Services
State Adoption Service
Two World Trade Center
Room 2850
New York, New York 10046

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[1] Project CRAFT has compiled a manual of all the training materials used in the program.

Child Welfare Supervisor
Virginia Department of Welfare
Division of Social Services
8007 Discovery Drive
Richmond, Virginia 23288

An example of the kind of resource that state agencies could make available to all public adoption caseworkers is provided by the Adoption Handbook prepared by the Illinois Department of Children and Family Services.[1] This document provides assistance to workers involved in every stage of the adoption process and includes examples of completed forms and sample letters.

An additional source of specialized training for adoption workers are training conferences sponsored by state and regional exchanges, adoptive parent organizations and agencies. In addition to local and regional conferences, national adoption training conferences are sponsored by: the North American Center on Adoptable Children, the North American Center on Adoption; and the Family Builders network agencies. Attendance at conferences of this kind can reinforce the professional attitudes and values of adoption workers and strengthen their commitment to adoption of special-needs children.

1/ This handbook can be obtained from: The State of Illinois Department of Children and Family Services. 2020 West Roosevelt, Chicago, Illinois 60608.

MONITORING: DATA COLLECTION

Case tracking and management systems which link the adoption and foster care systems more closely are cited by Cole as a major need in child welfare.[1] The primary focus of monitoring until now has been on the routine collection, storage, and retrieval of program data. Many systems in the past have been designed primarily to meet federal reporting requirements and are often considered burdensome to staff. Goal oriented systems are now beginning to be used with built-in ticklers which tell program managers when particular service goals or objectives have or have not been achieved. Monitoring systems should have this capability in order to support permanent planning for foster children. The major objective of monitoring of adoption services should be to provide information on whether children for whom adoption is the case goal, are in fact placed in adoption.

Several information systems have been designed that have particular relevance to child welfare in general, and adoption services in particular. These systems have in common the collection of client information that enables not only routine collection of data to satisfy reporting requirements, but also effective case and program management. For example, Child Welfare Information Service (CWIS) has three basic modules. One of these, the Adoption Tracking Module, monitors a child's progress through the steps in the adoption process: (1) determining that adoption is the plan; (2) freeing the child for adoption; (3) placing the child in an adoptive home; (4) finalizing the adoption; and (5) closing the case.[2] The Child and Youth Centered Information System (CYCIS) includes an adoption exchange element.[3] This type of system could significantly improve adoption program management.

MONITORING: SERVICE PROVISION

Certain minimum data should be collected in order to ensure that adoption services are being delivered as planned. These include:

- number of children free for adoption and length of time in status;
- number of approved families awaiting adoptive placements and length of time in status;
- number of adoptions pending finalization and length of time in status;
- number of children not yet legally free for whom the case goal is adoption and length of time in status;
- number of children in temporary foster care and length of time in status;
- number of subsidized adoptions;

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[1] Cole, "Adoption," p. 151.

[2] See Child Welfare Information Service (CWIS): What It Is, What It Does. Order from: Mr. Leigh Gore, Child Welfare Information Services, Inc. 200 Madison Avenue, New York, New York 10016. (No charge)

[3] A Child and Youth Centered Information System (Washington, D.C.: Mott-McDonald Associates, Inc., 1976).

- client characteristics by client status (e.g., not yet free, free but not placed, placed awaiting finalization, subsidized, foster parent adoption, etc.);
- cost informat[illegible]particularly if services are purchased.

Collection and analysis of these data should enable the responsible office or individual to effectively monitor provision of adoption services across a county, state or region. For example, monitoring information should enable identification of:

- whether children are promptly freed when adoption is the case goal;
- whether children are promptly placed once freed for adoption;
- whether adoptions are being finalized within a set time frame;
- whether subsidies are helping the kinds of children they were designed to help;
- the costs of the various activities involved in the adoption process, e.g., legal services, home studies, recruitment, subsidies, purchased service, etc.

The two year Pisani Commission study of adoption in New York reported that the state agency collected little adoption program data that could be related to expenditures.1/ Statistics were "... not available regarding the number of home studies completed, the characteristics of children who are legally free and of those adopted, the number of children receiving adoption services through private agencies and the like."2/ As a result, the State Department could not relate agency performance to expenditures or accurately compare performance across agencies. The new Child Care Review Service was designed to address many of these problems.

MONITORING: PURCHASE OF SERVICES AND LICENSING

Purchase of Services - There has been an increase in purchase of services from the private sector in many states. Payment systems and quality control are the major problem areas in purchase of service administration. Public agencies are increasingly recognizing that they must purchase goal achievement; that is the placement of a child in an adoptive home and adoption finalization, rather than just a service or an activity which may or may not lead to goal achievement. A wide range of activities were found by Welfare Research Institute (WRI) to be included in some or all adoption service definitions in 26 first year CASP plans.3/ However, many states are opting to define units of adoption service for administrative purposes rather than the specific elements of service to be provided. Wisconsin, New Jersey, and Michigan, among others, now reimburse providing agencies for goal attainment, namely placement

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1/ Incentives to Adoptive Placements, p. 43.

2/ Ibid., p. 43.

3/ See Ambrosino et al., An Adoption Overview, p. 188.

of a child in an adoptive home and finalization of the adoption. When providers are monitored and reimbursed relative to adoptive placements, finalizations, and actual costs incurred, reporting requirements should concentrate on agency time spent on a case-by-case basis. In addition, agency fiscal reports, budget reports, and detailed service accounts may be required to effectively monitor purchase of adoption service contracts. Adoption purchase of service and payment systems were discussed earlier in this section. The Management Resource Section addresses the contracting process itself.

Licensing - No universal licensure standards exist for the approximately 800 voluntary adoption agencies scattered across the country. Procedures and criteria used to license adoption agencies vary considerably. Some states combine reviews of records, staff characteristics and agency practice with site visits. Others may require simply that certain forms be filled out and mailed to state personnel for review.1/ Elizabeth Cole observes that "...agencies in one state, when working with other agencies out of state, cannot assume competence simply on the basis of licensure," and further describes a situation where black marketers could apply for and receive a license to practice as an agency.2/ She calls for a national effort to tighten licensure regulations and monitoring procedures.

States or counties which are attempting to improve licensure of voluntary adoption agencies may wish to centralize responsibility in one unit or with one individual. Centralized licensing programs may operate more efficiently and provide more consistent review of compliance. Guidelines should be clearly stated regarding the conditions under which licenses are to be granted, denied, revoked or suspended. A strong voluntary sector may contribute to better over all services in a state or region and some assistance should be offered to agencies found to be deficient.3/ This could be simply in the form of recommendations for corrective action and a given time period to improve. In addition, methods used to monitor compliance with standards or licensure regulations should include audits, and periodic on-site observation as well as spot checks of records.

1/ "A Survey of Adoption Agencies" (New York: North American Center on Adoption, 1975).

2/ Cole, "Adoption Services Today and Tommorrow," in Carl Schoenberg, ed., Child Welfare Strategy in the Coming Years (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1978), p. 146.

3/ See Child Welfare League of America Standards for Adoption Service (CWLA 1968), p. 76.

EVALUATION: EVALUATIVE QUESTIONS

Evaluation of a state or county-wide adoption program may serve many purposes. For example, evaluations are sometimes conducted to justify a program. The primary purpose, however, should be improvement of adoption services and increasing the number of adoptive placements of children in need of permanent homes. Some of the topics that evaluations could address include:

- the effects of advertising and public information activities on recruitment;
- the cost/effectiveness of adoption subsidies;
- consistency of caseworker decisions regarding home studies, and placements; and
- the cost/effectiveness of purchasing services from the private sector.

Questions that evaluation studies could address are: How do expenditures relate to actual amounts of services rendered? How well adjusted are adoptees and families five years after finalization compared to the general population? What factors may be related to poor adjustment? On the other hand, more specific questions might be asked, such as: What are the estimated cost savings of dropping the income eligibility requirement for subsidized adoptions of special-needs children over a two year period and over a ten year period? Are ethnic minorities listed on exchanges, receiving services, and being placed at rates proportionate to their representation among child welfare clients for whom adoption should be the case goal? What is an acceptable disruption rate for a program that specializes in adoptive placement of special-needs children? How many adoptions disrupt prior to finalization? After finalization? What is the average length of time that children who are free for adoption spend in foster care prior to placement? What is the average length of time approved families await placement?

Quantifiable goals and measures of effectiveness should be established for a state's adoption program. Examples of the Milwaukee County Department of Public Welfare's effectiveness measures for adoption services are:

"1. Number of children placed in adoptive homes within ninety days after decision to seek adoptive placement.

2. Number of hard-to-place children placed in adoptive homes within one year after decision to seek adoptive placement.

3. Number of children whose adoption is legally consummated within one year."1/

1/ See "Effectiveness Measures Project." (Milwaukee, Wisconsin Department of Public Welfare, 1975).

Much of the information required to perform evaluations may be collected through routine reporting of demographic, service and cost information. Thus, evaluation capability will be either supported or limited by a state's information and monitoring systems and reporting requirements. In addition to routinely reported information and special studies, further sources of evaluation information include the clients themselves. Evaluators are often interested in assessing quality of services by determining client perception and satisfaction with services received.1/

EVALUATION: STUDIES OF ADOPTION SERVICES

Examples of state evaluations of adoption services are sparse. Kadushin identifies a number of small studies which have examined the outcomes of adoptive placements.2/ These studies can be divided into two groups: those that employ a standard objective criterion for identifying success, i.e., finalization of the adoption; and those that are concerned with the adjustment of the adoptee and the family functioning at some time after placement, e.g., five or ten years.3/ Interested individuals may wish to review Kadushin's discussion of those evaluations.

Two of the more comprehensive studies of a statewide adoption program are The Children of the State, Volumes I and II, conducted by the Temporary State Commission on Child Welfare of New York.4/ These studies took place over a two-year period. The first report was funded by the New York State Department of Social Services as a Title IV-B Research and Demonstration Project, while the second was privately funded by the Edna McConnell Clark Foundation. They included reviews of: the statutory issues and problems involved in termination of parental rights; the roles of the courts and of the agencies; the organization and funding of adoption services; adoption services (including caseworker attitudes); and subsidized adoptions. Finally, legislation to provide a statutory framework upon which to improve termination procedures and services was drafted. While these studies are not rigorous evaluation research, they nevertheless provide examples of a first step toward developing a descriptive base from which formal evaluation studies of adoption services may emerge. Project methodology applied in the two studies was similar. The examination of the barriers to freeing

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1/ See Malcolm Bush, Andrew C. Gordon, and Robert Le Bailly, "Evaluating Child Welfare Services: A Contribution from the Clients," Social Services Review 51:3 (September 1977), pp. 491-501; and Annie Millar, Harry Hatry and Margo Koss Monitoring the Outcomes of Social Services, Volumes I and II (Washington, D.C.: The Urban Institute, 1977).

2/ See Alfred Kadushin, Child Welfare Services 2nd ed. (New York: Macmillan Publishing Company, Inc. 1974), pp. 565-582.

3/ A longitudinal adoption study from infancy through adolescence is under way. A description is available entitled "The Colorado Adoption Research Project: Determinants of Behavioral Development in Children." Order from Judy Fredericks, Lutheran Service Society, Denver, Colorado 80204.

4/ The Children of the State: Barriers to the Freeing of Children for Adoption (Vol. I) 1976; and The Children of the State: Incentives to Adoptive Placement (Vol. II) 1977. (Albany, New York: Temporary State Commission on Child Welfare).

children was conducted through surveys, questionnaires, interviews and discussion groups involving seven districts, 41 voluntary child care agenices, 49 family court judges and approximately 200 adoption staff. The second study, which formed the basis for the report on incentives, included in-depth structured interviews with over 100 individuals involved in the administration and delivery of adoption services in New York State, on-site surveys of eleven agencies, and data collected from adoption subsidy case records which were analyzed with the aid of computer programming to provide summary statistics and correlations of significant variables.

The evaluation of the New York State Adoption Exchange was conducted by Welfare Research, Inc. over a one-year period with funds from the New York State Department of Social Services.1/ The project was undertaken primarily in response to criticism that the Exchange was not living up to expectations or justifying its costs. Its objectives were to find the procedures, data elements, and aspects of program design that could be changed to improve its functioning. The findings of this project were reviewed under Resource Development in this section. Significantly, the results of this evaluation have been used to develop and implement a new listing service that has shown more success in facilitating the placement of waiting children.

Cost-effectiveness analyses of adoption subsidy programs have been conducted in many states. A general discussion of these studies may be found in the Journal of Family Law, entitled "The Implementation of Subsidized Adoption Programs: A Preliminary Survey ."2/ Also see Young and Allen's discussion of benefit-cost analysis of adoption payment systems for a further example of the usefulness of evaluation and research to analyze and improve adoption program components.3/

1/ Grossman, Epstein and Nelson, An Evaluation of the New York State Adoption Exchange.

2/ "The Implementation of Subsidized Adoption Programs," Journal of Family Law 15:4 (1976-1977), pp. 732-769.

3/ Young and Allen, "Benefit Cost Analysis in the Social Services," Social Service Review 51:2 (June 1977), pp. 249-264.

CONCLUSIONS

The Adoption Services Resource Section has been based on the assumption that adoption is the best and most cost-effective child welfare service for a large number of children currently in the child welfare system. Significant changes in the administration and management of adoption programs are necessary to effect permanency for the children presently caught in temporary foster care who will never return to their biological families. The barriers to adoptive placement of children with special needs are many and varied. In order to overcome these barriers, state and county agencies must support the movement to improve adoption practices and enhance adoption of these children. Of particular urgency are the requirements for:

- more adequate data collection and tracking procedures to link adoption and foster care systems;
- more adequate funding for adoption services;
- more outreach to single and school-aged parents;
- wider dissemination of recruitment technology;
- coordinated services to support placements; and
- improved training programs for adoption workers.

With additional incentives and support from the state agency, adoption could provide increasing numbers of special-needs children with permanent homes and an exit from the uncertainty of temporary foster care.

Adoption Services

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☆ U.S. GOVERNMENT PRINTING OFFICE: 1979 -631-800/2996